

Serial#: 1058277  
AUTHOR SEARCH

=> FILE HCAPLUS  
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FILE COVERS 1907 - 24 Nov 2008 VOL 149 ISS 22  
FILE LAST UPDATED: 23 Nov 2008 (20081123/ED)

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=> D QUE L89  
L85 ( 2431)SEA FILE=HCAPLUS ABB=ON PLU=ON ARTEMISININ  
L86 ( 24980)SEA FILE=HCAPLUS ABB=ON PLU=ON LI, G7/AU  
L87 ( 11393)SEA FILE=HCAPLUS ABB=ON PLU=ON SONG, J7/AU  
L88 ( 70)SEA FILE=HCAPLUS ABB=ON PLU=ON L86 AND L87  
L89 4 SEA FILE=HCAPLUS ABB=ON PLU=ON L85 AND L88

=> FILE MEDLINE  
FILE 'MEDLINE' ENTERED AT 17:15:12 ON 24 NOV 2008  
FILE LAST UPDATED: 19 Nov 2008 (20081119/UP). FILE COVERS 1949 TO DATE.

MEDLINE has been updated with the National Library of Medicine's revised 2008 MeSH terms. See HELP RLOAD for details.

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MEDLINE Accession Numbers (ANS) for records from 1950-1977 have been converted from 8 to 10 digits. Searches using an 8 or 10 digit AN will retrieve the same record. The 10-digit ANs can be expanded, searched, and displayed in all records from 1949 to the present.

=> D QUE L92  
L90 ( 5207)SEA FILE=MEDLINE ABB=ON PLU=ON LI, G7/AU  
L91 ( 3225)SEA FILE=MEDLINE ABB=ON PLU=ON SONG, J7/AU

Serial#: 1058277

L92 9 SEA FILE=MEDLINE ABB=ON PLU=ON L90 AND L91

=> FILE BIOSIS

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FILE COVERS 1926 TO DATE.  
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FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 19 November 2008 (20081119/ED)

BIOSIS has been augmented with 1.8 million archival records from 1926  
through 1968. These records have been re-indexed to match current  
BIOSIS indexing.

=> D QUE L95

L93 ( 5730)SEA FILE=BIOSIS ABB=ON PLU=ON LI, G7/AU  
L94 ( 3789)SEA FILE=BIOSIS ABB=ON PLU=ON SONG, J7/AU  
L95 10 SEA FILE=BIOSIS ABB=ON PLU=ON L93 AND L94

=> FILE WPIX

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FILE LAST UPDATED: 21 NOV 2008 <20081121/UP>  
MOST RECENT UPDATE: 200875 <200875/DW>  
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE  
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>>> IPC Reform backfile reclassifications have been loaded to end of  
September 2008. No update date (UP) has been created for the  
reclassified documents, but they can be identified by 20060101/UPIC,  
and 20061231/UPIC, 20070601/UPIC, 20071001/UPIC, 20071130/UPIC,  
20080401/UPIC, 20080701/UPIC and 20081001/UPIC.  
ECLA reclassifications to mid August and US national classification  
mid September 2008 have also been loaded. Update dates 20080401,  
20080701 and 20081001/UPEC and /UPNC have been assigned to these. <<

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<http://scientific.thomsonreuters.com/support/patents/coverage/latestupdates/>

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[http://www.stn-international.com/archive/presentations/DWPIAnaVist2\\_0608.pdf](http://www.stn-international.com/archive/presentations/DWPIAnaVist2_0608.pdf)

>>> HELP for European Patent Classifications see HELP ECLA, HELP ICO <<<

=> D QUE L98

L96 ( 6388)SEA FILE=WPIX ABB=ON PLU=ON LI, G7/AU  
L97 ( 6906)SEA FILE=WPIX ABB=ON PLU=ON SONG, J7/AU  
L98 12 SEA FILE=WPIX ABB=ON PLU=ON L96 AND L97

=> FILE EMBASE

FILE 'EMBASE' ENTERED AT 17:15:43 ON 24 NOV 2008  
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FILE COVERS 1974 TO 24 Nov 2008 (20081124/ED)

EMBASE was reloaded on March 30, 2008.

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=> D QUE L101

L99 ( 4036)SEA FILE=EMBASE ABB=ON PLU=ON LI, G7/AU  
L100( 2833)SEA FILE=EMBASE ABB=ON PLU=ON SONG, J7/AU  
L101 6 SEA FILE=EMBASE ABB=ON PLU=ON L99 AND L100

=> DUP REMOVE L89 L92 L95 L98 L101

FILE 'HCAPLUS' ENTERED AT 17:16:20 ON 24 NOV 2008  
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L136 31 DUP REMOVE L89 L92 L95 L98 L101 (10 DUPLICATES REMOVED)

L136 ANSWER 1 OF 31 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 6  
ACCESSION NUMBER: 2005:1275691 HCAPLUS Full-text  
DOCUMENT NUMBER: 144:11569  
TITLE: A medicine for treating malaria and preventing the  
transmission of malaria  
INVENTOR(S): Li, Guoqiao; Chen, Peiquan; Song,  
Jianping; Tan, Bo  
PATENT ASSIGNEE(S): Guangzhou Guoqiao Pharmaceutical Research Co., Ltd.,  
Peop. Rep. China

SOURCE: Faming Zhuanli Shengqing Gongkai Shuomingshu, 4 pp.  
 CODEN: CNXXEV  
 DOCUMENT TYPE: Patent  
 LANGUAGE: Chinese  
 FAMILY ACC. NUM. COUNT: 1  
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
-----	----	-----	-----	-----
CN 1616101	A	20050518	CN 2004-10051416	20040910
			CN 2004-10051416	20040910

PRIORITY APPLN. INFO.:

ED Entered STN: 06 Dec 2005

AB This invention relates to a medicine for treating malaria and preventing the transmission of malaria. The medicine is prepared from (A) artemisinin or its derivs., or (B) mixture of A and antimalarial agent with moderate or long half life, or (C) combination of sep. packaged A and antimalarial agent with moderate or long half life, and (D) ultra-low-dose of primaquine or its salt, with a ratio of A (or B or C) to D of (1-500):(0.1-1). Clin. trials show that the medicine has the advantages of quick onset of effect, good effects, low toxicity, good safety, short course of treatment, and convenient administration. It has effect in quickly killing gametocytes of plasmodium to rapidly control the source of infection and stop transmission.

L136 ANSWER 2 OF 31 HCAPLUS COPYRIGHT 2008 ACS on STN

ACCESSION NUMBER: 2008:246658 HCAPLUS Full-text

DOCUMENT NUMBER: 148:417330

TITLE: Dose ranging studies of new artemisinin  
 -piperazine fixed combinations compared to standard  
 regimens of artemisinin combination therapies for  
 acute uncomplicated falciparum malaria

AUTHOR(S): Krudsood, Srivicha; Tangpukdee, Noppadon; Thanchatwet,  
 Vipa; Wilairatana, Polrat; Srivilairit, Siripan;  
 Pothipak, Nantaporn; Song, Jianping;  
 Li, Guoqiao; Brittenham, Gary M.;  
 Looareesuwan, Sornchai

CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University,  
 Bangkok, Thailand

SOURCE: Southeast Asian Journal of Tropical Medicine and  
 Public Health (2007), 38(6), 971-978  
 CODEN: SJTMAK; ISSN: 0125-1562

PUBLISHER: SEAMEO-TROPMED Network

DOCUMENT TYPE: Journal

LANGUAGE: English

ED Entered STN: 28 Feb 2008

AB To determine the optimum dose of artemisinin-piperazine combination therapies for acute uncomplicated Plasmodium falciparum malaria, we examined 7 candidate regimens in 411 patients admitted to the Bangkok Hospital for Tropical Diseases. The studies were performed from May 2005 to Oct. 2005 and Nov. 2005 to June 2006. We compared 3-day courses of artesunate-mefloquine, artemether-lumefantrine (Coartem) and of dihydroartemisinin-piperazine (Artekin) as reference antimalarial treatments, with candidate regimens using 2-3 day courses of artemisinin -piperazine, Artequick. Initially, patients receiving each of the regimens had a rapid clin. and parasitol. response. All treatments were well tolerated and no serious adverse effects occurred. The 28-day cure rates were <80% for the 2-day treatments with artemisinin - piperazine at 2.4 mg/kg and 14.4 mg/kg, resp., in the first study period and artemisinin-piperazine at 3.2 mg/kg and 16.0 mg/kg, resp., but >98% for the 3-day regimens. These results suggest that a 3-day course of artemisinin-

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piperazine at 3.2 mg/kg and 16.0 mg/kg, resp., deserve further evaluation as an alternative treatment for multidrug-resistant *P. falciparum* malaria.

REFERENCE COUNT: 16 THERE ARE 16 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 3 OF 31 HCAPLUS COPYRIGHT 2008 ACS ON STN  
 ACCESSION NUMBER: 2005:300245 HCAPLUS Full-text  
 DOCUMENT NUMBER: 142:341958  
 TITLE: Compound artemisinin tablet  
 INVENTOR(S): Li, Guoqiao; Song, Jianping  
 PATENT ASSIGNEE(S): Peop. Rep. China  
 SOURCE: PCT Int. Appl., 8 pp.  
 CODEN: PIXXD2  
 DOCUMENT TYPE: Patent  
 LANGUAGE: Chinese  
 FAMILY ACC. NUM. COUNT: 1  
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2005030197	A1	20050407	WO 2004-CN1064	20040920
W:	AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW			
RW:	BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG			
CN 1528309	A	20040915	CN 2003-146951	20030926
CN 1255106	C	20060510		
EP 1702616	A1	20060920	EP 2004-762197	20040920
R:	AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, FI, RO, CY, TR, BG, CZ, EE, HU, PL, SK			
BR 2004014296	A	20061107	BR 2004-14296	20040920
IN 2006DN02258	A	20070803	IN 2006-DN2258	20060424
US 20060281785	A1	20061214	US 2006-587277	20060725
PRIORITY APPLN. INFO.:			CN 2003-146951	A 20030926
			WO 2004-CN1064	W 20040920

ED Entered STN: 07 Apr 2005

AB The present invention relates to compound artemisinin tablet which can treat multiple drug-resistant pernicious malaria, tertian malaria and quartan malaria and to children formulation such as granules, suspensions, syrups, and powders. The compound consists of artemisinin, piperazine and primaquine. Clin. tests in Southeast Asia countries where malaria prevails demonstrate that the compound is high-effective and quick-effective. It can shorten the period of treatment and the side-effects are lowered.

REFERENCE COUNT: 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L136 ANSWER 4 OF 31 HCAPLUS COPYRIGHT 2008 ACS ON STN  
 ACCESSION NUMBER: 2005:1066842 HCAPLUS Full-text  
 DOCUMENT NUMBER: 143:410982  
 TITLE: Preparation of artemisinin soft capsules  
 INVENTOR(S): Zhang, Meiyi; Song, Jianping; Tan, Bo; Yang, Zhaoqi; Zhan, Lizhi; Zhou, Keding; Shi, Linrong; Li, Guoqiao

Serial#: 1058277

PATENT ASSIGNEE(S): Guangzhou Guoqiao Pharmaceutical Research Co., Ltd.,  
Peop. Rep. China  
SOURCE: Faming Zhuanli Shenqing Gongkai Shuomingshu, 6 pp.  
CODEN: CNXXEV  
DOCUMENT TYPE: Patent  
LANGUAGE: Chinese  
FAMILY ACC. NUM. COUNT: 1  
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
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CN 1559403	A	20050105	CN 2004-10015426	20040223

PRIORITY APPLN. INFO.: CN 2004-10015426 20040223

ED Entered STN: 06 Oct 2005

AB The invention relates to a method for preparing artemisinin soft capsules. The preparation method comprises (1) pulverizing artemisinin into fine powder, (2) suspending in oleaginous base to form capsule cores, (3) encapsulating with shell material at 25-28°C to obtain final product of soft capsules. The soft capsules have the advantages of improved bioavailability and therapeutic effects, high stability, and accurate artemisinin content and can be taken orally or administered rectally.

L136 ANSWER 5 OF 31 MEDLINE on STN DUPLICATE 1

ACCESSION NUMBER: 2008164598 MEDLINE Full-text

DOCUMENT NUMBER: PubMed ID: 18167151

TITLE: Adenoviral cardiotrophin-1 transfer improves survival and early graft function after ischemia and reperfusion in rat small-for-size liver transplantation model.

AUTHOR: Song Jun; Zhang Ye-Wei; Yao Ai-Hua; Yu Yue; Hua Zhi-Yuan; Pu Li-Yong; Li Guo-Qiang; Li Xiang-Cheng; Zhang Feng; Sheng Guo-Qing; Wang Xue-Hao

CORPORATE SOURCE: The Liver Transplantation Center of the First Affiliated Hospital, Nanjing Medical University, Nanjing, Jiangsu Province, China.. songjunwk@yahoo.com.cn

SOURCE: Transplant international : official journal of the European Society for Organ Transplantation, (2008 Apr) Vol. 21, No. 4, pp. 372-83. Electronic Publication: 2007-12-19. Journal code: 8908516. ISSN: 0934-0874.

PUB. COUNTRY: Germany: Germany, Federal Republic of

DOCUMENT TYPE: (COMPARATIVE STUDY)  
Journal; Article; (JOURNAL ARTICLE)  
(RESEARCH SUPPORT, NON-U.S. GOV'T)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200807

ENTRY DATE: Entered STN: 8 Mar 2008  
Last Updated on STN: 2 Jul 2008  
Entered Medline: 1 Jul 2008

ABSTRACT:  
This study was to investigate the effect of donor liver adenoviral cardiotrophin-1 (CT-1) gene transfer on early graft survival and function in rat small-for-size liver transplantation. We constructed a recombinant murine CT-1 adenoviral vector. Donor rats were transduced in vivo with adenoviruses

expressing CT-1 (AdCT-1) or control vector (AdEGFP). Livers were harvested 4 days later, reduced to 40% of weight, and transplanted. A syngeneic rat orthotopic liver transplantation model was performed using 40% small-for-size grafts. Graft survival, liver function, hepatic architecture change, the degree of necrosis and apoptosis, and cell survival signaling pathways were assessed. AdCT-1 pretreatment markedly improved liver function and the survival of small-for-size grafts. In the CT-1 treatment group, hepatic architecture was well protected, apoptotic and necrotic cells were reduced; anti-apoptotic protein bcl-2 was up-regulated and pro-apoptotic cleaved caspase-3 was down-regulated, cell survival signaling pathways were activated by phosphorylation of protein kinase B (Akt), extracellular-regulated kinase (ERK) and Signal transducer and activator of transcription-3 (Stat-3) after transplantation. In conclusion, donor liver adenoviral CT-1 transfer ameliorated ischemia/reperfusion injury by decreasing hepatic necrosis and apoptosis in small-for-size liver transplantation, mediated in part by activation of the Akt, ERK, and Stat-3 survival signaling pathways. These results may provide a potential clinical strategy to improve the outcome of small-for-size liver grafts.

CONTROLLED TERM: Check Tags: Male  
 \*Adenoviridae: GE, genetics  
 Animals  
 \*Cytokines: GE, genetics  
 Gene Expression  
 \*Graft Survival: PH, physiology  
 \*Liver Transplantation: PH, physiology  
 Rats  
 Rats, Inbred Lew  
 \*Reperfusion Injury  
 Signal Transduction  
 \*Transduction, Genetic  
 CHEMICAL NAME: 0 (Cytokines); 0 (cardiotrophin 1)

L136 ANSWER 6 OF 31 MEDLINE on STN DUPLICATE 2  
 ACCESSION NUMBER: 2007268450 MEDLINE Full-text  
 DOCUMENT NUMBER: PubMed ID: 17417648  
 TITLE: Cyclic AMP-regulated exocytosis of Escherichia coli from infected bladder epithelial cells.  
 AUTHOR: Bishop Brian L; Duncan Mathew J; Song Jeongmin;  
 Li Guojie; Zaas David; Abraham Soman N  
 CORPORATE SOURCE: Department of Molecular Genetics and Microbiology, Duke University Medical Center, Durham, North Carolina 27710, USA.  
 CONTRACT NUMBER: R01 AI-35678 (United States NIAID)  
 R21 AI056101 (United States NIAID)  
 R37DK50814 (United States NIDDK)  
 SOURCE: Nature medicine, (2007 May) Vol. 13, No. 5, pp. 625-30.  
 Electronic Publication: 2007-04-08.  
 Journal code: 9502015. ISSN: 1078-8956.  
 COMMENT: Comment in: Nat Med. 2007 May;13(5):531-2. PubMed ID: 17479092  
 PUB. COUNTRY: United States  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, N.I.H., EXTRAMURAL)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200709  
 ENTRY DATE: Entered STN: 5 May 2007  
 Last Updated on STN: 18 Sep 2007  
 Entered Medline: 17 Sep 2007  
 ABSTRACT:

The superficial bladder epithelium is a powerful barrier to urine and also serves as a regulator of bladder volume, which is achieved by apical exocytosis of specialized fusiform vesicles during distension of the bladder. We report that type 1 fimbriated uropathogenic *Escherichia coli* (UPEC) circumvents the bladder barrier by harboring in these Rab27b/CD63-positive and cAMP-regulatable fusiform vesicles within bladder epithelial cells (BECs). Incorporation of UPEC into BEC fusiform compartments enabled bacteria to escape elimination during voiding and to re-emerge in the urine as the bladder distended. Notably, treatment of UPEC-infected mice with a drug that increases intracellular cAMP and induces exocytosis of fusiform vesicles reduced the number of intracellular *E. coli*.

CONTROLLED TERM: Animals  
 Bacterial Adhesion: DE, drug effects  
 Bacterial Adhesion: PH, physiology  
 \*Cyclic AMP: PD, pharmacology  
*Escherichia coli*: DE, drug effects  
 \**Escherichia coli*: PH, physiology  
 \**Escherichia coli* Infections: PC, prevention & control  
 \*Exocytosis: DE, drug effects  
 Humans  
 Mice  
 Urinary Bladder: DE, drug effects  
 \*Urinary Bladder: MI, microbiology  
 Urinary Tract Infections: PC, prevention & control  
 Urothelium: DE, drug effects  
 \*Urothelium: MI, microbiology  
 CAS REGISTRY NO.: 60-92-4 (Cyclic AMP)

L136 ANSWER 7 OF 31 MEDLINE on STN DUPLICATE 4  
 ACCESSION NUMBER: 2007674653 MEDLINE [Full-text](#)  
 DOCUMENT NUMBER: PubMed ID: 17710226  
 TITLE: TLR4-initiated and cAMP-mediated abrogation of bacterial invasion of the bladder.  
 AUTHOR: Song Jeongmin; Bishop Brian L; Li Gnojie  
 ; Duncan Matthew J; Abraham Soman N  
 CORPORATE SOURCE: Department of Molecular Genetics and Microbiology, Duke University Medical Center, Durham, NC 27710, USA.  
 CONTRACT NUMBER: AI 056101 (United States NIAID)  
 AI 150021 (United States NIAID)  
 DK 050814 (United States NIDDK)  
 R01 AI050021-07 (United States NIAID)  
 R21 AI056101-02 (United States NIAID)  
 R37 DK050814-31S1 (United States NIDDK)  
 SOURCE: Cell host & microbe, (2007 Jun 14) Vol. 1, No. 4, pp. 287-98.  
 Journal code: 101302316. E-ISSN: 1934-6069.  
 PUB. COUNTRY: United States  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, N.I.H., EXTRAMURAL)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200712  
 ENTRY DATE: Entered STN: 20 Nov 2007  
 Last Updated on STN: 18 Dec 2007  
 Entered Medline: 14 Dec 2007

ABSTRACT:  
 The remarkable resistance of the urinary tract to infection has been attributed to its physical properties and the innate immune responses triggered by pattern recognition receptors lining the tract. We report a distinct TLR4 mediated mechanism in bladder epithelial cells (BECs) that abrogates bacterial invasion,

a necessary step for successful infection. Compared to controls, uropathogenic type 1 fimbriated *Escherichia coli* and *Klebsiella pneumoniae* invaded BECs of TLR4 mutant mice in 10-fold or greater numbers. TLR4 mediated suppression of bacterial invasion was linked to increased intracellular cAMP levels which negatively impacted Rac-1 mediated mobilization of the cytoskeleton. Artificially increasing intracellular cAMP levels in BECs of TLR4 mutant mice restored resistance to type 1 fimbriated bacterial invasion. This finding reveals a novel function for TLR4 and another facet of bladder innate defense.

CONTROLLED TERM: Animals  
 \*Bacterial Infections: PC, prevention & control  
 \*Cyclic AMP: PH, physiology  
*Escherichia coli*: PY, pathogenicity  
 Gram-Negative Bacterial Infections: PC, prevention & control  
 Humans  
*Klebsiella pneumoniae*: PY, pathogenicity  
 Mice  
 Mice, Inbred C3H  
 \*Toll-Like Receptor 4: PH, physiology  
 \*Urinary Bladder: MI, microbiology  
 \*Urinary Bladder: PH, physiology  
 \*Urinary Bladder Diseases: PC, prevention & control  
 \*Urinary Tract Infections: PC, prevention & control  
 Urothelium: MI, microbiology  
 CAS REGISTRY NO.: 60-92-4 (Cyclic AMP)  
 CHEMICAL NAME: 0 (Tlr4 protein, mouse); 0 (Toll-Like Receptor 4)

L136 ANSWER 8 OF 31 MEDLINE on STN DUPLICATE 5  
 ACCESSION NUMBER: 2007244833 MEDLINE Full-text  
 DOCUMENT NUMBER: PubMed ID: 17454080  
 TITLE: Effects of static magnetic fields on the physical and chemical properties of cell culture medium RPM1 1640.  
 AUTHOR: Li Farong; Song Jianping; Qi Hao; Sui Feng;  
 Li Guian; Wang Qiang  
 CORPORATE SOURCE: School of Electrical and Communication Engineering, Xi'an Jiaotong University. Xi'an. P.R. China..  
 lifarong@snnu.edu.cn  
 SOURCE: Electromagnetic biology and medicine, (2007) Vol. 26, No. 1, pp. 25-32.  
 Journal code: 101133002. ISSN: 1536-8378.  
 PUB. COUNTRY: United States  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200706  
 ENTRY DATE: Entered STN: 25 Apr 2007  
 Last Updated on STN: 13 Jun 2007  
 Entered Medline: 12 Jun 2007

ABSTRACT:  
 RPM1 1640 culture medium was chosen to simulate body fluids, and after exposure to 0.085 approximately 0.092 T static magnetic fields (SMF), surface tension, pH, dissolved oxygen, and UV-visible spectrum were measured. Compared with the control group in the normal geomagnetic field, the pH value increased about 0.14 units, dissolved oxygen increased about 14%, and the UV-visible spectra were different in peak intensity but without a shift in the peak. Surface tension showed no significant difference in the two groups. This data suggests that SMF can change some of the physical and chemical properties of RPM1 1640 solution, and may contribute to understanding biological effects of SMF.  
 CONTROLLED TERM: Cell Line, Tumor

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\*Culture Media: RE, radiation effects  
\*Electromagnetic Fields  
Humans  
Hydrogen-Ion Concentration  
Light  
Magnetics  
Models, Chemical  
Models, Statistical  
Oxygen: ME, metabolism  
Physics: MT, methods  
Spectrophotometry, Ultraviolet  
Surface Properties  
Ultraviolet Rays

CAS REGISTRY NO.: 7782-44-7 (Oxygen)  
CHEMICAL NAME: 0 (Culture Media)

L136 ANSWER 9 OF 31 MEDLINE on STN DUPLICATE 7  
ACCESSION NUMBER: 2004346098 MEDLINE Full-text  
DOCUMENT NUMBER: PubMed ID: 15249221  
TITLE: Identification of a novel transcript of human PECAM-1 and its role in the transendothelial migration of monocytes and Ca<sup>2+</sup> mobilization.  
AUTHOR: Wei Heming; Song Jie; Fang Lu; Li Guodong  
; Chatterjee Subroto  
CORPORATE SOURCE: Laboratory of Atherosclerosis and Vascular Biology, Johns Hopkins Singapore-National Heart Centre Vascular Biology Program, National Heart Centre of Singapore, Singapore.  
SOURCE: Biochemical and biophysical research communications, (2004 Aug 6) Vol. 320, No. 4, pp. 1228-35.  
Journal code: 0372516. ISSN: 0006-291X.  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
(RESEARCH SUPPORT, NON-U.S. GOV'T)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200409  
ENTRY DATE: Entered STN: 14 Jul 2004  
Last Updated on STN: 11 Sep 2004  
Entered Medline: 10 Sep 2004

ABSTRACT:

Platelet-endothelial cell adhesion molecule-1 (PECAM-1) is an integral component of endothelial cells and has been implicated in the transendothelial migration (TEM) of circulating leukocytes mediated by its 1st and 2nd extracellular immunoglobulin (Ig)-like domains and regulation of intracellular Ca(2+) homeostasis with its 6th domain. Up-to-date, little is known about the role of the 5th extracellular (Ig)-like domain. We have discovered a novel human PECAM-1 transcript missing the entire 7th exon, which encodes the 5th extracellular (Ig)-like domain of PECAM-1. A synthetic peptide with sequence homology to the 5th domain of PECAM-1 (JHS-7 peptide) and a corresponding polyclonal antibody (JHS-7 Ab) were prepared and their potential role in transendothelial migration and Ca(2+) influx was measured. The JHS-7 peptide and the antibody exerted a dose dependent decrease (50-80%) in the transendothelial migration of freshly isolated human monocytes and a promonocytic cell line (U-937) in resting HUVECs and HUVECs activated with tumor necrosis factor-alpha. This was accompanied by an increase in Ca(2+) influx and decrease in refilling of the intracellular Ca(2+) stores in HUVECs. In summary, we have identified a novel PECAM-1 transcript (Deltaexon 7) and shown that the 5th (Ig)-like domain of PECAM-1 plays a role in monocyte TEM and Ca(2+) homeostasis.

CONTROLLED TERM: Amino Acid Sequence

Serial#: 1058277

Amino Acid Substitution  
\*Antigens, CD31: CH, chemistry  
\*Antigens, CD31: ME, metabolism  
\*Calcium: ME, metabolism  
\*Cell Movement: PH, physiology  
Cells, Cultured  
Endothelium, Vascular: CY, cytology  
\*Endothelium, Vascular: ME, metabolism  
Humans  
Molecular Sequence Data  
Monocytes: CY, cytology  
\*Monocytes: PH, physiology  
Protein Structure, Tertiary  
Recombinant Proteins: GE, genetics  
Recombinant Proteins: ME, metabolism  
Structure-Activity Relationship  
Transcription, Genetic: GE, genetics  
U937 Cells

CAS REGISTRY NO.: 7440-70-2 (Calcium)  
CHEMICAL NAME: 0 (Antigens, CD31); 0 (Recombinant Proteins)

L136 ANSWER 10 OF 31 MEDLINE on STN  
ACCESSION NUMBER: 2007258094 MEDLINE [Full-text](#)  
DOCUMENT NUMBER: PubMed ID: 17465679  
TITLE: A novel TLR4-mediated signaling pathway leading to IL-6 responses in human bladder epithelial cells.  
AUTHOR: Song Jeongmin; Duncan Matthew J; Li Guojie; Chan Cheryl; Grady Richard; Stapleton Ann; Abraham Soman N  
CORPORATE SOURCE: Department of Molecular Genetics and Microbiology, Duke University Medical Center, Durham, North Carolina, United States of America.  
CONTRACT NUMBER: AI 056101 (United States NIAID)  
AI 150021 (United States NIAID)  
DK 050814 (United States NIDDK)  
SOURCE: PLoS pathogens, (2007 Apr) Vol. 3, No. 4, pp. e60.  
Journal code: 101238921. E-ISSN: 1553-7374.  
United States  
PUB. COUNTRY: United States  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
(RESEARCH SUPPORT, N.I.H., EXTRAMURAL)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200705  
ENTRY DATE: Entered STN: 1 May 2007  
Last Updated on STN: 24 May 2007  
Entered Medline: 23 May 2007

ABSTRACT:  
The vigorous cytokine response of immune cells to Gram-negative bacteria is primarily mediated by a recognition molecule, Toll-like receptor 4 (TLR4), which recognizes lipopolysaccharide (LPS) and initiates a series of intracellular NF-kappaB-associated signaling events. Recently, bladder epithelial cells (BECs) were reported to express TLR4 and to evoke a vigorous cytokine response upon exposure to LPS. We examined intracellular signaling events in human BECs leading to the production of IL-6, a major urinary cytokine, following activation by Escherichia coli and isolated LPS. We observed that in addition to the classical NF-kappaB-associated pathway, TLR4 triggers a distinct and more rapid signaling response involving, sequentially, Ca(2+), adenylyl cyclase 3-generated cAMP, and a transcriptional factor, cAMP response element-binding protein. This capacity of BECs to mobilize secondary messengers and evoke a more rapid IL-6 response might be critical in their role

Serial#: 1058277

as first responders to microbial challenge in the urinary tract.

CONTROLLED TERM: Adenylate Cyclase: GE, genetics  
CREB-Binding Protein: ME, metabolism  
Calcium: ME, metabolism  
Cyclic AMP: ME, metabolism  
Epithelial Cells: IM, immunology  
Epithelial Cells: ME, metabolism  
Epithelial Cells: MI, microbiology  
Escherichia coli: GE, genetics  
\*Escherichia coli: IM, immunology  
\*Escherichia coli Infections: IM, immunology  
Fimbriae, Bacterial: IM, immunology  
Humans  
\*Interleukin-6: ME, metabolism  
Lipopolysaccharides: PD, pharmacology  
NF-kappa B: ME, metabolism  
Phosphorylation  
RNA, Bacterial  
\*Signal Transduction: IM, immunology  
\*Toll-Like Receptor 4: ME, metabolism  
Urinary Bladder: CY, cytology  
\*Urinary Bladder: IM, immunology  
Urinary Bladder: MI, microbiology  
CAS REGISTRY NO.: 60-92-4 (Cyclic AMP); 7440-70-2 (Calcium)  
CHEMICAL NAME: 0 (CREBBP protein, human); 0 (Interleukin-6); 0  
(Lipopolysaccharides); 0 (NF-kappa B); 0 (RNA, Bacterial);  
0 (TLR4 protein, human); 0 (Toll-Like Receptor 4); EC  
2.3.1.48 (CREB-Binding Protein); EC 4.6.1.1 (Adenylate  
Cyclase)

L136 ANSWER 11 OF 31 MEDLINE on STN  
ACCESSION NUMBER: 2006616193 MEDLINE Full-text  
DOCUMENT NUMBER: PubMed ID: 17048654  
TITLE: Effect of andrographolide on QS regulating virulence  
factors production in Pseudomonas aeruginosa.  
AUTHOR: Li Hong-tao; Qin Hui-min; Wang Wei-hua; Li Guo-jun  
; Wu Chun-ming; Song Jian-xin  
CORPORATE SOURCE: Tongji Hospital, Huazhong University of Science and  
Technology, Wuhan 430030, China.  
SOURCE: Zhongguo Zhong yao za zhi = Zhongguo zhongyao zazhi = China  
journal of Chinese materia medica, (2006 Jun) Vol. 31, No.  
12, pp. 1015-7.  
Journal code: 8913656. ISSN: 1001-5302.  
PUB. COUNTRY: China  
DOCUMENT TYPE: (ENGLISH ABSTRACT)  
Journal; Article; (JOURNAL ARTICLE)  
(RESEARCH SUPPORT, NON-U.S. GOV'T)  
LANGUAGE: Chinese  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200708  
ENTRY DATE: Entered STN: 20 Oct 2006  
Last Updated on STN: 17 Aug 2007  
Entered Medline: 16 Aug 2007

ABSTRACT:  
OBJECTIVE: To investigate the effect of andrographolide on virulence factors  
production in Pseudomonas aeruginosa. METHOD: Growth rate, pyocyanin,  
proteolytic activity and elastase activity were measured with or without the  
presence of andrographolide. The effect of andrographolide on pyocyanin  
production, proteolytic activity and elastase activity in PAO-JP2 was  
investigated simultaneously. RESULT: The andrographolide did not affect the

growth of PAO1 in planktonic culture. The production of pyocyanin, proteolytic activity and elastase activity were significantly suppressed in *P. aeruginosa* cultures grown in the presence of andrographolide. However, these effects were not observed in PAO-JP2. CONCLUSION: The inhibiting effect of andrographolide on virulence factors production in *P. aeruginosa* may play a role in its anti-infection activity.

CONTROLLED TERM: Andrographis: CH, chemistry  
 \*Anti-Bacterial Agents: PD, pharmacology  
 Diterpenes: IP, isolation & purification  
 \*Diterpenes: PD, pharmacology  
 Pancreatic Elastase: ME, metabolism  
 Peptide Hydrolases: ME, metabolism  
 Plants, Medicinal: CH, chemistry  
 \*Pseudomonas aeruginosa  
 Pseudomonas aeruginosa: GD, growth & development  
 Pseudomonas aeruginosa: ME, metabolism  
 Pseudomonas aeruginosa: PY, pathogenicity  
 Pyocyanine: ME, metabolism  
 \*Virulence Factors: ME, metabolism  
 CAS REGISTRY NO.: 5508-58-7 (andrographolide); 85-66-5 (Pyocyanine)  
 CHEMICAL NAME: 0 (Anti-Bacterial Agents); 0 (Diterpenes); 0 (Virulence Factors); EC 3.4.- (Peptide Hydrolases); EC 3.4.21.36 (Pancreatic Elastase)

L136 ANSWER 12 OF 31 MEDLINE on STN  
 ACCESSION NUMBER: 2006428698 MEDLINE Full-text  
 DOCUMENT NUMBER: PubMed ID: 16850751  
 TITLE: Nutritional support treatment for severe chronic hepatitis and posthepatic cirrhosis.  
 AUTHOR: Qin Huimin; Li Hongtao; Xing Mingyou; Wu Chunming; Li Guojun; Gong Jianxin  
 CORPORATE SOURCE: Department of Infectious Diseases, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.  
 SOURCE: Journal of Huazhong University of Science and Technology. Medical sciences = Hua zhong ke ji da xue xue bao. Yi xue Ying De wen ban = Huazhong keji daxue xuebao. Yixue Yingdewen ban, (2006) Vol. 26, No. 2, pp. 217-20.  
 Journal code: 101169627. ISSN: 1672-0733.  
 PUB. COUNTRY: China  
 DOCUMENT TYPE: (CLINICAL TRIAL)  
 Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals  
 ENTRY MONTH: 200805  
 ENTRY DATE: Entered STN: 21 Jul 2006  
 Last Updated on STN: 12 Dec 2006  
 Entered Medline: 12 May 2008

## ABSTRACT:

The therapeutic effectiveness of nutritional support in the treatment of severe chronic hepatitis and posthepatic cirrhosis was evaluated. 143 patients with severe chronic hepatitis and 83 with posthepatic cirrhosis were evaluated with SGA for assessing the nutritional status before the treatment. Patients with severe chronic hepatitis were divided into three groups: group A subject to enteral nutrition (EN) and parenteral nutrition (PN), group B subject to comprehensive treatment (CT)+PN; group C subject to CT+EN. The patients with posthepatic cirrhosis were divided into two groups: group D receiving CT and group E receiving CT+PN+EN. The function of liver and kidney and nutritional status were monitored to assess the therapy in 6 weeks. The results showed

before treatment, over 90 % patients had moderate to severe malnutrition. After nutritional support, the liver function (ALT, T-bil) and nutritional status (TP, TC) in group A was improved significantly as compared with that in groups B and C ( $P<0.05$ ). Compared with group D, the values of TP and Alb were increased significantly in group E ( $P<0.05$ ), but the levels of ALT, AST and T-bil had no obvious change. It was suggested that most patients with severe chronic hepatitis or posthepatic cirrhosis had malnutrition to varying degrees. The nutritional support treatment could obviously improve the nutritional status of these patients, and was helpful to ameliorate the liver function of the patients with severe chronic hepatitis. Among the methods of nutritional support treatment, PN combined with EN had the best effectiveness.

CONTROLLED TERM: Check Tags: Female; Male  
 Adolescent  
 Adult  
 Aged  
 Enteral Nutrition  
 Hepatitis B, Chronic: CO, complications  
 \*Hepatitis B, Chronic: TH, therapy  
 Humans  
 Liver Cirrhosis: ET, etiology  
 Liver Cirrhosis: PP, physiopathology  
 \*Liver Cirrhosis: TH, therapy  
 Liver Function Tests  
 Middle Aged  
 \*Nutrition Assessment  
 Nutritional Status  
 \*Nutritional Support: MT, methods  
 Parenteral Nutrition  
 Treatment Outcome

L136 ANSWER 13 OF 31 MEDLINE on STN  
 ACCESSION NUMBER: 1981249109 MEDLINE Full-text  
 DOCUMENT NUMBER: PubMed ID: 7256253  
 TITLE: Theory on prospect of population evolution processes.  
 AUTHOR: Song J; Yu J Y; Li G G  
 SOURCE: Scientia Sinica, (1981 Mar) Vol. 24, No. 3, pp. 431-44.  
 Journal code: 8209876. ISSN: 0250-7870.  
 Report No.: PIP-004467; POP-00089685.  
 PUB. COUNTRY: China  
 DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
 LANGUAGE: English  
 FILE SEGMENT: Priority Journals; Population  
 ENTRY MONTH: 198109  
 ENTRY DATE: Entered STN: 16 Mar 1990  
 Last Updated on STN: 1 Nov 2002  
 Entered Medline: 25 Sep 1981

## ABSTRACT:

This paper is aimed at investigating the dynamic process of population growth applied to population of the People's Republic of China. The discrete and continuous models of population evolution process are revised and adjusted to suit the social conditions of China. The relationship between two kinds of models is established. A series of new formulae of demographic indices are studied and defined as functions on the negative space of generalized solutions of the population equation. Based on survey data collected in China for recent years, the prospect of population growth according to different projections is offered for a one-hundred-year period from now on. Population growth is a dynamic process described by a partial differential equation or a system of difference equations. The mathematical models available for investigating this dynamic process of population growth are explained. The discrete and continuous models of population evolution process are revised and adjusted to

suit the social conditions of China. Both models are verified retrospectively with survey data collected on a large scale in China over the past years. Mathematical formulae illustrate the discussion. According to the theory of differential or difference equations, population process projections can be made on the basis of numerical solution of these equations with appropriate initial conditions and reasonably projected total fertility rates and age-distributed death rates. Using base data from 1978, trends in population growth in China for the next 100 years are made for different fertility levels. If the Chinese population is to be kept at 1.1 billion in the future, a population policy encouraging each couple to have only 1 child must be followed consistently for several decades.

SUPPLEMENTARY TERM: Asia; China; Developing Countries; Eastern Asia; Estimation Technics; Mathematical Model; Models, Theoretical; Population Dynamics; Population Growth Estimation--statistics; Population Policy; Research Methodology; Sex Ratio

CONTROLLED TERM: Demography  
Humans  
Mathematics  
\*Models, Theoretical  
\*Population Growth

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STN DUPLICATE 3

ACCESSION NUMBER: 2007:541689 BIOSIS Full-text  
DOCUMENT NUMBER: PREV200700545871  
TITLE: A novel TLR4-mediated signaling pathway leading to IL-6 responses in human bladder epithelial cells.  
AUTHOR(S): Song, Jeongmin; Duncan, Matthew J.; Li, Guojia; Chan, Cheryl; Grady, Richard; Stapleton, Ann; Abraham, Soman N. [Reprint Author]  
CORPORATE SOURCE: Duke Univ, Ctr Med, Dept Mol Genet and Microbiol, Durham, NC USA  
SOURCE: soman.abraham@duke.edu  
PLoS Pathogens, (APR 2007) Vol. 3, No. 4, pp. 541-552.  
<http://www.plospathogens.org>.  
ISSN: 1553-7366. E-ISSN: 1553-7374.  
DOCUMENT TYPE: Article  
LANGUAGE: English  
ENTRY DATE: Entered STN: 17 Oct 2007  
Last Updated on STN: 17 Oct 2007

ABSTRACT: The vigorous cytokine response of immune cells to Gram-negative bacteria is primarily mediated by a recognition molecule, Toll-like receptor 4 (TLR4), which recognizes lipopolysaccharide (LPS) and initiates a series of intracellular NF-kappa B-associated signaling events. Recently, bladder epithelial cells (BECs) were reported to express TLR4 and to evoke a vigorous cytokine response upon exposure to LPS. We examined intracellular signaling events in human BECs leading to the production of IL-6, a major urinary cytokine, following activation by Escherichia coli and isolated LPS. We observed that in addition to the classical NF-kappa B-associated pathway, TLR4 triggers a distinct and more rapid signaling response involving, sequentially, Ca2+, adenylyl cyclase 3-generated cAMP, and a transcriptional factor, cAMP response element-binding protein. This capacity of BECs to mobilize secondary messengers and evoke a more rapid IL-6 response might be critical in their role as first responders to microbial challenge in the urinary tract.

CONCEPT CODE: Cytology - Human 02508  
Biochemistry studies - General 10060

Serial#: 1058277

Biochemistry studies - Nucleic acids, purines and pyrimidines 10062  
Biochemistry studies - Proteins, peptides and amino acids 10064  
Biochemistry studies - Lipids 10066  
Biochemistry studies - Carbohydrates 10068  
Biochemistry studies - Minerals 10069  
Enzymes - General and comparative studies: coenzymes 10802  
Urinary system - Physiology and biochemistry 15504  
Physiology and biochemistry of bacteria 31000

INDEX TERMS: Major Concepts  
Biochemistry and Molecular Biophysics; Urinary System  
(Chemical Coordination and Homeostasis)

INDEX TERMS: Parts, Structures, & Systems of Organisms  
urinary tract: excretory system

INDEX TERMS: Chemicals & Biochemicals  
interleukin-6; lipopolysaccharide; nuclear factor-kappa-B; adenylyl cyclase [EC 4.6.1.1]; cyclic AMP; calcium (II) ion; cAMP response element-binding protein; toll-like receptor 4 [TLR4]

ORGANISM: Classifier  
Enterobacteriaceae 06702  
Super Taxa  
Facultatively Anaerobic Gram-Negative Rods; Eubacteria; Bacteria; Microorganisms  
Organism Name  
Escherichia coli (species)  
Taxa Notes  
Bacteria, Eubacteria, Microorganisms

ORGANISM: Classifier  
Hominidae 86215  
Super Taxa  
Primates; Mammalia; Vertebrata; Chordata; Animalia  
Organism Name  
BEC cell line (cell\_line): human bladder epithelial cells  
Taxa Notes  
Animals, Chordates, Humans, Mammals, Primates, Vertebrates

REGISTRY NUMBER: 9012-42-4 (adenylyl cyclase)  
9012-42-4 (EC 4.6.1.1)  
60-92-4 (cyclic AMP)  
14127-61-8 (calcium (II) ion)

L136 ANSWER 15 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN

ACCESSION NUMBER: 2006:592059 BIOSIS [Full-text](#)  
DOCUMENT NUMBER: PREV200600585673  
TITLE: A practical total synthesis of Eudistomin analogs.  
AUTHOR(S): Peng, Zuozhong [Reprint Author]; Song, Ji; Liao, Wensheng; Ma, Rujian; Chen, Shu-Hui; Li, Ge; Ando, Ryoichi

CORPORATE SOURCE: WuXi Pharmaceut Co Ltd, Shanghai 200131, Peoples R China  
liao\_wensheng@pharmatechs.com

SOURCE: Abstracts of Papers American Chemical Society, (MAR 26 2006) Vol. 231, pp. 445-ORGN.  
Meeting Info.: 231st National Meeting of the American-Chemical-Society. Atlanta, GA, USA. March 26 -30, 2006. Amer Chem Soc.

Serial#: 1058277

DOCUMENT TYPE: CODEN: ACSRAL. ISSN: 0065-7727.  
Conference; (Meeting)  
Conference; Abstract; (Meeting Abstract)

LANGUAGE: English

ENTRY DATE: Entered STN: 8 Nov 2006  
Last Updated on STN: 8 Nov 2006

CONCEPT CODE: General biology - Symposia, transactions and proceedings 00520  
Pathology - Therapy 12512  
Virology - General and methods 33502  
Medical and clinical microbiology - Virology 36006  
Chemotherapy - General, methods and metabolism 38502  
Chemotherapy - Antiviral agents 38506  
Pharmacognosy and pharmaceutical botany 54000

INDEX TERMS: Major Concepts  
Infection; Pharmacognosy (Pharmacology)

INDEX TERMS: Diseases  
Herpes simplex virus infection: viral disease, drug therapy, etiology

INDEX TERMS: Chemicals & Biochemicals  
oxathiazepine; Eudistomin analog L: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog K: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog C: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog E: antiinfective-drug, antiviral-drug, dosage, synthesis; Eudistomin analog F: antiinfective-drug, antiviral-drug, dosage, synthesis

ORGANISM: Classifier  
Herpesviridae 03115  
Super Taxa  
dsDNA Viruses; Viruses; Microorganisms  
Organism Name  
Herpes simplex virus (common): pathogen  
Taxa Notes  
Double-Stranded DNA Viruses, Microorganisms, Viruses

ORGANISM: Classifier  
Urochordata 85104  
Super Taxa  
Protochordata; Chordata; Animalia  
Organism Name  
Eudistoma olivaceum (species)  
Taxa Notes  
Animals, Chordates, Invertebrates, Protochordates

L136 ANSWER 16 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on STN

ACCESSION NUMBER: 2005:109434 BIOSIS Full-text

DOCUMENT NUMBER: PREV200500109815

TITLE: Randomized controlled trial of dihydroartemisinin piperazine phosphate tablet in treatment of uncomplicated falciparum malaria.

AUTHOR(S): Song Jian-ping [Reprint Author]; Fu Lin-chun; Tan Bo; Li Guo-Qiao

CORPORATE SOURCE: Inst Trop Med, Guangzhou Univ Tradit Chinese Med, Guangzhou, Guangdong, 510405, China  
songjpgz@sina.com

SOURCE: Zhongguo Xinyao yu Linchuang Zazhi, (November 2004) Vol. 23, No. 11, pp. 783-785. print.  
ISSN: 1007-7669 (ISSN print).

DOCUMENT TYPE: Article  
 LANGUAGE: Chinese  
 ENTRY DATE: Entered STN: 16 Mar 2005  
 Last Updated on STN: 16 Mar 2005

ABSTRACT: AIM: To explore the effect and safety of dihydroartemisinin piperazine (DP) phosphate tablet in treatment of uncomplicated falciparum malaria in Battambang of Cambodia. METHODS: Fifty patients with uncomplicated falciparum malaria were randomly divided into two groups: DP group (n = 25) and compound dihydroartemisinin (CD) group (n = 25). The adult patients were treated with DP or artemon with a total dosage of 8 tablets, qid, for 2 d. The cured rate, recrudescence rate, mean parasite clearance time, mean fever clearance time, and adverse reactions were observed. RESULTS: The mean parasite clearance time (PCT) was (36+/-20) h in DP group and (36+/-17) h in artemon group. The mean fever clearance time (FCT) was (42+/-25) h in DP group and (31+/-20) h in CD group. The cured rate for 28-d follow-up was 100 % in DP group and 96% in CD group. The patients had good tolerance to both drugs. A few patients felt nausea and epigastric pain. CONCLUSION: Both dihydroartemisinin compounds-Artemon and Artemon have high, fast effect, low toxicity and good tolerance and compliance for patients with falciparum malaria, Artemon is recommended for uncomplicated falciparum malaria considering to the cost of the drug and its mild adverse reaction.

CONCEPT CODE: Biochemistry studies - General 10060  
 Pathology - Therapy 12512  
 Pharmacology - General 22002  
 Pharmacology - Clinical pharmacology 22005  
 Toxicology - Pharmacology 22504  
 Chemotherapy - General, methods and metabolism 38502  
 Chemotherapy - Antiparasitic agents 38510  
 Parasitology - General 60502  
 Parasitology - Medical 60504

Invertebrata: comparative, experimental morphology, physiology and pathology - Protozoa 64002  
 Major Concepts

INDEX TERMS: Infection; Parasitology; Pharmacology

INDEX TERMS: Diseases  
 falciparum malaria: parasitic disease, drug therapy  
 Malaria, Falciparum (MeSH)

INDEX TERMS: Chemicals & Biochemicals  
 artemon: anti-infective-drug, antiparasitic-drug, drug tolerance; dihydroartemisinin: anti-infective-drug, antiparasitic-drug, adverse effects, drug efficacy, drug tolerance; piperazine: anti-infective-drug, antiparasitic-drug, adverse effects, drug efficacy, drug tolerance; trimethoprim: anti-infective-drug, antiparasitic-drug, enzyme inhibitor-drug, adverse effects, drug efficacy, drug tolerance

INDEX TERMS: Miscellaneous Descriptors  
 dose regimen; parasitic clearance time; patient compliance

GEOGRAPHICAL TERMS: Cambodia (Asia, Oriental region)

ORGANISM: Classifier  
 Hominidae 86215  
 Super Taxa  
 Primates; Mammalia; Vertebrata; Chordata; Animalia  
 Organism Name  
 human (common): adult, host  
 Taxa Notes  
 Animals, Chordates, Humans, Mammals, Primates, Vertebrates

ORGANISM: Classifier

Serial#: 1058277

Sporozoa 35400  
Super Taxa  
Protozoa; Invertebrata; Animalia  
Organism Name  
Plasmodium falciparum (species): parasite  
Taxa Notes

REGISTRY NUMBER: Animals, Invertebrates, Microorganisms, Protozoans  
509149-21-7 (artecom)  
71939-50-9 (dihydroartemisinin)  
4085-31-8 (piperazine)  
738-70-5 (trimethoprim)

L136 ANSWER 17 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on  
STN

ACCESSION NUMBER: 2002:535239 BIOSIS Full-text

DOCUMENT NUMBER: PREV200200535239

TITLE: Establishment of a cell line from the hemocytes of Xestia  
c-nigrum L. (Lepidoptera: Noctuidae).

AUTHOR(S): Li Chang-You [Reprint author]; Zheng Gui-Ling [Reprint  
author]; Wang Xiao-Yun [Reprint author]; Song Jie  
[Reprint author]; Li Guo-Yun

CORPORATE SOURCE: Department of Plant Protection, Northeast Agricultural  
University, Harbin, 150030, China

SOURCE: Acta Entomologica Sinica, (April, 2002) Vol. 45, No. 2, pp.  
279-282, print.

CODEN: KCHPA2. ISSN: 0454-6296.

DOCUMENT TYPE: Article

LANGUAGE: Chinese

ENTRY DATE: Entered STN: 16 Oct 2002

Last Updated on STN: 16 Oct 2002

ABSTRACT: A new insect cell line, NEAU-Xc-960716H, was established from Xestia  
c-nigrum larval hemocytes through successive passage over 70 generations since  
July 1996. The cells were classified into two types: spherical and spindle.  
The population doubling time of the cell line was about 63 hours. The  
chromosomes were condensed short rods and round, typical in lepidopteran cell  
lines. The isozyme pedigree of esterase was different from the embryonic cell  
lines NEAU-Xc-730E of Xestia c-nigrum and IPLB-SF-21. The cell line was  
susceptible to Xestia c-nigrum nuclear polyhedrosis virus (XcNPV), although at  
a low level.

CONCEPT CODE: Cytology - General 02502

Cytology - Animal 02506

Enzymes - General and comparative studies: coenzymes  
10802

Blood - Blood and lymph studies 15002

Blood - Blood cell studies 15004

Development and Embryology - General and descriptive  
25502

Virology - Animal host viruses 33506

Immunology - General and methods 34502

Invertebrata: comparative, experimental morphology,  
physiology and pathology - Insecta: physiology 64076

INDEX TERMS: Major Concepts  
Cell Biology

INDEX TERMS: Parts, Structures, & Systems of Organisms  
chromosome; hemocyte: blood and lymphatics, immune  
system

INDEX TERMS: Chemicals & Biochemicals  
esterase

INDEX TERMS: Miscellaneous Descriptors  
isozyme pedigree; population doubling time

ORGANISM: Classifier  
 Baculoviridae 03114  
 Super Taxa  
 dsDNA Viruses; Viruses; Microorganisms  
 Organism Name  
 Xestia c-nigrum nuclear polyhedrosis virus  
 Taxa Notes  
 Double-Stranded DNA Viruses, Microorganisms, Viruses

ORGANISM: Classifier  
 Lepidoptera 75330  
 Super Taxa  
 Insecta; Arthropoda; Invertebrata; Animalia  
 Organism Name  
 IPLB-SF-21 cell line  
 NEAU-Xc-730E cell line  
 NEAU-Xc-960716H cell line: Xestia c-nigrum larval  
 hemocyte  
 Xestia c-nigrum: larva  
 Taxa Notes  
 Animals, Arthropods, Insects, Invertebrates

REGISTRY NUMBER: 9013-79-0Q (esterase)  
 9016-18-6Q (esterase)

L136 ANSWER 18 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on  
 STN

ACCESSION NUMBER: 2002:594549 BIOSIS Full-text  
 DOCUMENT NUMBER: PREV200200594549  
 TITLE: High fatty acids promote cell growth and affect cytosolic  
 CA2+ homeostasis in endothelial cells.  
 AUTHOR(S): Li, G.-D. [Reprint author]; Song, J.  
 [Reprint author]; Tang, Y. [Reprint author]  
 CORPORATE SOURCE: National University Medical Institutes, NUS, Singapore,  
 Singapore  
 SOURCE: Diabetologia, (August, 2001) Vol. 44, No. Supplement 1, pp.  
 A 11. print.  
 Meeting Info.: 37th Annual Meeting of the European  
 Association for the Study of Diabetes. Glasgow, Scotland,  
 UK. September 09-13, 2001. European Association for the  
 Study of Diabetes.  
 CODEN: DBTGJ. ISSN: 0012-186X.  
 DOCUMENT TYPE: Conference; (Meeting)  
 Conference; Abstract; (Meeting Abstract)  
 LANGUAGE: English  
 ENTRY DATE: Entered STN: 20 Nov 2002  
 Last Updated on STN: 20 Nov 2002  
 CONCEPT CODE: General biology - Symposia, transactions and proceedings  
 00520  
 Cytology - Animal 02506  
 Biochemistry studies - General 10060  
 Biochemistry studies - Nucleic acids, purines and  
 pyrimidines 10062  
 Biochemistry studies - Proteins, peptides and amino acids  
 10064  
 Biochemistry studies - Lipids 10066  
 Biochemistry studies - Minerals 10069  
 Enzymes - General and comparative studies: coenzymes  
 10802  
 Metabolism - General metabolism and metabolic pathways  
 13002  
 Metabolism - Metabolic disorders 13020

Serial#: 1058277

Cardiovascular system - Physiology and biochemistry 14504  
Cardiovascular system - Heart pathology 14506  
Cardiovascular system - Blood vessel pathology 14508  
Endocrine - General 17002  
Endocrine - Pancreas 17008

INDEX TERMS: Major Concepts  
Cardiovascular System (Transport and Circulation);  
Endocrine System (Chemical Coordination and  
Homeostasis); Metabolism

INDEX TERMS: Parts, Structures, & Systems of Organisms  
cardiovascular system: circulatory system; cytosol;  
endothelial cells: circulatory system, growth

INDEX TERMS: Diseases  
cardiovascular complication: heart disease, vascular  
disease, etiology

INDEX TERMS: Diseases  
diabetes: endocrine disease/pancreas, metabolic disease,  
complications  
Diabetes Mellitus (MeSH)

INDEX TERMS: Diseases  
endothelial cell dysfunction: vascular disease

INDEX TERMS: Diseases  
hyperlipidemia: metabolic disease  
Hyperlipidemia (MeSH)

INDEX TERMS: Chemicals & Biochemicals  
DNA; bradykinin: enzyme activator, receptor agonist;  
calcium ion: extracellular entry, homeostasis,  
intracellular mobilization, regulation; calcium  
ion-ATPase; nitric oxide: generation; nitric oxide  
synthase; oleate: fatty acid; palmitate: fatty acid;  
phospholipase C: regulation; thapsigargin

INDEX TERMS: Miscellaneous Descriptors  
angiogenesis regulation; Meeting Abstract

ORGANISM: Classifier  
Bovidae 85715  
Super Taxa  
Artiodactyla; Mammalia; Vertebrata; Chordata; Animalia  
Organism Name  
BAEC cell line: apoptosis, bovine aortic endothelial  
cells, growth, proliferation  
Taxa Notes  
Animals, Artiodactyls, Chordates, Mammals, Nonhuman  
Vertebrates, Nonhuman Mammals, Vertebrates

REGISTRY NUMBER: 58-82-2 (bradykinin)  
14127-61-8 (calcium ion)  
10102-43-9 (nitric oxide)  
125978-95-2 (nitric oxide synthase)  
115-06-0 (oleate)  
143-20-4 (palmitate)  
9001-86-9Q (phospholipase C)  
63551-76-8Q (phospholipase C)  
67526-95-8 (thapsigargin)

L136 ANSWER 19 OF 31 BIOSIS COPYRIGHT (c) 2008 The Thomson Corporation on  
STN  
ACCESSION NUMBER: 1999:452899 BIOSIS Full-text  
DOCUMENT NUMBER: PREV199900452899  
TITLE: Effect of injury to endothelium by lipoperoxidation on the  
change of cAMP and NO content.  
AUTHOR(S): Li Guiyuan [Reprint author]; Mi Xiaoyi [Reprint

Serial#: 1058277

author]; Song Jiye [Reprint author]  
CORPORATE SOURCE: Department of Pathology, School of Basic Medical Sciences, China Medical University, Shenyang, 110001, China  
SOURCE: Journal of China Medical University, (Feb., 1999) Vol. 28, No. 1, pp. 1-3. print.  
CODEN: ZYDXEN. ISSN: 0258-4646.  
DOCUMENT TYPE: Article  
LANGUAGE: Chinese  
ENTRY DATE: Entered STN: 26 Oct 1999  
Last Updated on STN: 26 Oct 1999  
ABSTRACT: Objective: To further understand the mechanism whereby lipoperoxide alters endothelial cell (EC) properties and make it clear whether the decrease effect of NO in atherosclerosis (AS) is caused by the decrease of NO content or activity. Methods: NO<sub>2</sub><sup>-</sup> (the essential metabolite of NO) and cAMP were measured by Griess method and radioimmunological assay after the addition of diamide. In another series of experiments, cAMP elevating agents IBMX, Isoprenalin, ALF4- were added and NO<sub>2</sub><sup>-</sup> in the medium was quantitated. Results: NO content increased in a dose dependent manner of diamide and cAMP changed in parallel with NO content when diamide concentration was lower; The amount of cAMP decreased significantly at the higher concentration of diamide (2.5 X 10<sup>-4</sup>mol/L). Selenium could antagonize the results above. NO production increased after the addition of cAMP elevating agents. Conclusion: The attenuation of NO effect in AS could not be caused by the reduction of NO content and the inactivation by superoxide or other factors may be involved in this process. cAMP as a second messenger might play a certain role in the NO synthesis.  
CONCEPT CODE: Cardiovascular system - Blood vessel pathology 14508  
Cytology - Animal 02506  
External effects - Physical and mechanical effect 10612  
Metabolism - Energy and respiratory metabolism 13003  
Metabolism - General metabolism and metabolic pathways 13002  
Metabolism - Lipids 13006  
Metabolism - Proteins, peptides and amino acids 13012  
Biochemistry studies - General 10060  
Biochemistry studies - Nucleic acids, purines and pyrimidines 10062  
Tissue culture, apparatus, methods and media 32500  
Laboratory animals - General 28002  
Biochemistry studies - Lipids 10066  
INDEX TERMS: Major Concepts  
Cardiovascular System (Transport and Circulation)  
INDEX TERMS: Parts, Structures, & Systems of Organisms  
aortic endothelial cells: circulatory system,  
lipoperoxidation-induced injury  
INDEX TERMS: Chemicals & Biochemicals  
cyclic AMP: endothelial cell content, lipoperoxidation  
injury-induced change; nitric oxide: endothelial cell  
content, lipoperoxidation injury-induced change  
ORGANISM: Classifier  
Suidae 85740  
Super Taxa  
Artiodactyla; Mammalia; Vertebrata; Chordata; Animalia  
Organism Name  
pig: animal model  
Taxa Notes  
Animals, Artiodactyls, Chordates, Mammals, Nonhuman  
Vertebrates, Nonhuman Mammals, Vertebrates  
REGISTRY NUMBER: 60-92-4 (cyclic AMP)  
10102-43-9 (nitric oxide)

L136 ANSWER 20 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2008-M03486 [71] WPIX  
 DOC. NO. NON-CPI: N2008-886242 [71]  
 TITLE: Direct current protection testing and controlling system,  
 has separating amplifier with output end connected to  
 direct current protection testing and controlling unit  
 through fiber  
 DERWENT CLASS: S01; T01; T06; U24; X13  
 INVENTOR: JIN Y; LI G; SONG J; WANG S; WU Y;  
 ZHANG Z; ZHU D  
 PATENT ASSIGNEE: (TIAN-N) TIANJIN NEW TECHNOLOGY IND GARDEN ZHONGH  
 COUNTRY COUNT: 1

## PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
CN 101257201	A	20080903	(200871)*	ZH	18[12]

## APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101257201	A	CN 2007-10300280	20071226

PRIORITY APPLN. INFO: CN 2007-20095227U 20070209

L136 ANSWER 21 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2008-L33688 [67] WPIX  
 DOC. NO. NON-CPI: N2008-833970 [67]  
 TITLE: Lift monitoring device, has multiple lift main  
 controllers whose signal is transmitted to lift  
 controller ZigBee interface modules, where modules  
 transmit received signal to lift monitoring centre  
 computer  
 DERWENT CLASS: Q38; T01; T06; W01; X25  
 INVENTOR: JIANG Z; LI G; LV H; SONG J  
 PATENT ASSIGNEE: (SHAN-N) SHANGHAI XINSHIDA ELECTRICAL CO LTD  
 COUNTRY COUNT: 1

## PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
CN 101249913	A	20080827	(200867)*	ZH	5[11]

## APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101249913	A	CN 2008-10032865	20080122

PRIORITY APPLN. INFO: CN 2008-10032865 20080122

L136 ANSWER 22 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2008-M03028 [71] WPIX

Serial#: 1058277

DOC. NO. CPI: C2008-364268 [71]  
TITLE: Medical composition useful for treating or preventing malaria such as falciparum malaria, vivax malaria and quartan malaria, contains artemisinin, naphthoquine and primaquine or primaquine phosphate  
DERWENT CLASS: A96; B02; B07  
INVENTOR: LI G; SONG J  
PATENT ASSIGNEE: (LIGG-I) LI G  
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
CN 101116665	A	20080206 (200871)*	ZH	8[0]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101116665	A	CN 2006-10110050	20060804

PRIORITY APPLN. INFO: CN 2006-10110050 20060804  
TECH

PHARMACEUTICALS - Preferred Ratio: The medical composition comprises the components in a ratio of 1:2-4:0.02-0.06. Preferred Components: The composition further comprises excipient, carrier such as hydroxypropyl cellulose or diluting agent. Preferred Formulation: The medical composition is prepared in the form of pill, capsule, granule, suppository, syrup, dry suspension or oral-taken solution, which is suitable for children. The active components can exist in the same preparation, two preparations or three preparations, and can be taken synchronously or orderly.

L136 ANSWER 23 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
ACCESSION NUMBER: 2008-M13270 [72] WPIX  
DOC. NO. CPI: C2008-367093 [72]  
DOC. NO. NON-CPI: N2008-893846 [72]  
TITLE: Acid-proof epoxy resin filling agent used for lead acid storage battery, and used in chemical engineering field, contains preset amount of epoxy resin, anhydride, tertiary amine and trivalent chromium complex  
DERWENT CLASS: A21; A85; L03; X16  
INVENTOR: CHEN W; LI G; SHI N; SONG J; ZHANG E  
PATENT ASSIGNEE: (HEIL-N) HEILONGJIANG PETROLEUM CHEM ACAD  
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
CN 101100594	A	20080109 (200872)*	ZH	9[0]	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101100594	A	CN 2007-10138788	20070820

PRIORITY APPLN. INFO: CN 2007-10138788 20070820

## TECH

ELECTRONICS - Preferred Device: A lead acid storage battery has lead polar column in which acid-proof epoxy resin filling agent is filled, and the surface is dried at room temperature for 4-6 hours and solidified at 25 for 7 days or 80 degrees C for 3 hours.

ORGANIC CHEMISTRY - Preferred Anhydride: The anhydride is alicyclic hydrocarbon containing anhydride chosen from methylhexahydrophthalic anhydride, methylnadic anhydride, methyl tetrahydrophthalic anhydride, methyl tetrahydrobenzoic anhydride or their mixtures. Preferred Amine: The tertiary amine is benzyl dimethylamine, benzoperoxide, or DMP-30 (RTM: tertiary amine accelerator). Preferred Process: The trivalent chromium complex is 2-ethylhexoic acid chromium that is obtained by adding aqueous solution of chromic nitrate into aqueous solution of 2-sodium ethylhexanoate, reacting mixture in hexane, washing 2-ethylhexoic acid chromium with 5% diluted sodium hydroxide and sodium carbonate, and drying under reduced pressure.

POLYMERS - Preferred Resin: The epoxy resin is bisphenol A epoxy resin such as E-51 epoxy resin, E-44 epoxy resin or E-39D epoxy resin.

L136 ANSWER 24 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2008-D35559 [25] WPIX  
 DOC. NO. NON-CPI: N2008-263357 [25]  
 TITLE: Lift debugging instrument, has infrared interface module with infrared emitting and receiving module, and another infrared emitting and receiving module connected to main lift controller through cable  
 DERWENT CLASS: Q38; T06  
 INVENTOR: LI G; SONG J; WANG C; WANG R  
 PATENT ASSIGNEE: (SHAN-N) SHANGHAI XINSHIDA ELECTRICAL CO LTD  
 COUNTRY COUNT: 1

## PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
CN 200997176	Y	20071226	(200825)*	ZH	5[1]

## APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 200997176	Y	CN 2006-20048875U	20061213

PRIORITY APPLN. INFO: CN 2006-20048875U 20061213

L136 ANSWER 25 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2008-B29643 [09] WPIX  
 DOC. NO. NON-CPI: N2008-100927 [09]  
 TITLE: Elevator debugger using infrared communication  
 DERWENT CLASS: Q38; W01  
 INVENTOR: LI G; SONG J; WANG C; WANG R  
 PATENT ASSIGNEE: (SHAN-N) SHANGHAI XINSHIDA ELECTRICAL CO LTD  
 COUNTRY COUNT: 1

## PATENT INFO ABBR.:

PATENT NO	KIND DATE	WEEK	LA	PG	MAIN IPC
CN 101021972	A	20070822	(200809)*	ZH	[1]

## APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 101021972	A	CN 2006-10119547	20061213

PRIORITY APPLN. INFO: CN 2006-10119547 20061213

L136 ANSWER 26 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2007-626246 [60] WPIX  
 DOC. NO. CPI: N2007-488107 [60]  
 TITLE: Boring system of rotary dual jet flows under high pressure, and rotary dual jet flows nozzle under high pressure  
 DERWENT CLASS: Q49  
 INVENTOR: HUANG Z; LI G; NIU J; SONG J  
 PATENT ASSIGNEE: (UYCH-N) UNIV CHINA PETROLEUM BEIJING  
 COUNTRY COUNT: 1

## PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1959058	A	20070509	(200760)*	ZH	[1]	

## APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1959058	A	CN 2005-10117352	20051102

PRIORITY APPLN. INFO: CN 2005-10117352 20051102

L136 ANSWER 27 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2006-446815 [46] WPIX  
 DOC. NO. CPI: C2006-140218 [46]  
 DOC. NO. NON-CPI: N2006-366141 [46]  
 TITLE: Hydrogen oxygen hydrocarbon mixed gas generator  
 DERWENT CLASS: E36; J03; X25  
 INVENTOR: CHENG X; GAO M; HUANG Z; KANG B; LI G; LI S; SHA M; SONG J  
 PATENT ASSIGNEE: (NING-N) NINGBO KEDA HYDROGEN ENERGY EQUIP MFG CO LTD  
 COUNTRY COUNT: 1

## PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1724709	A	20060125	(200646)*	ZH	[1]	

## APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1724709	A	CN 2005-10050427	20050624

PRIORITY APPLN. INFO: CN 2005-10050427 20050624

L136 ANSWER 28 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2004-822417 [82] WPIX

Serial#: 1058277

DOC. NO. CPI: C2004-286447 [82]  
 TITLE: Complex artemisia apiacea extract  
 DERWENT CLASS: B02  
 INVENTOR: LI G; SONG J  
 PATENT ASSIGNEE: (LIGG-I) LI G; (SONG-I) SONG J  
 COUNTRY COUNT: 107

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1528309	A	20040915	(200482)*	ZH	[0]	
WO 2005030197	A1	20050407	(200524)	ZH		
CN 1255106	C	20060510	(200661)	ZH		
EP 1702616	A1	20060920	(200662)	EN		
BR 2004014296	A	20061107	(200674)	PT		
US 20060281785	A1	20061214	(200701)	EN		
IN 2006DN02258	P1	20070803	(200771)	EN		
ZA 2006002422	A	20071128	(200815)	EN	15	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1528309 A		CN 2003-146951	20030926
BR 2004014296 A		BR 2004-14296	20040920
EP 1702616 A1		EP 2004-762197	20040920
WO 2005030197 A1		WO 2004-CN1064	20040920
EP 1702616 A1		WO 2004-CN1064	20040920
BR 2004014296 A		WO 2004-CN1064	20040920
US 20060281785 A1		WO 2004-CN1064	20040920
IN 2006DN02258 P1		WO 2004-CN1064	20040920
IN 2006DN02258 P1		IN 2006-DN2258	20060424
US 20060281785 A1		US 2006-587277	20060725
ZA 2006002422 A		ZA 2006-2422	20040920

FILING DETAILS:

PATENT NO	KIND	PATENT NO
EP 1702616	A1 Based on	WO 2005030197 A
BR 2004014296	A Based on	WO 2005030197 A

PRIORITY APPLN. INFO: CN 2003-146951 20030926

L136 ANSWER 29 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
 ACCESSION NUMBER: 2003-780295 [74] WPIX  
 DOC. NO. NON-CPI: N2003-625031 [74]  
 TITLE: Gear-shifting control method for parallel hybrid vehicle  
 DERWENT CLASS: Q13; Q14; X21; X22  
 INVENTOR: LI G; SONG J; ZHANG X  
 PATENT ASSIGNEE: (UYBE-N) UNIV BEIFANG JIAOTONG; (UYBE-N) UNIV BEIJING JIAOTONG  
 COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1438137	A	20030827	(200374)*	ZH	[0]	

Serial#: 1058277

CN 1238210 C 20060125 (200655) ZH

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1438137 A		CN 2003-102491	20030127

PRIORITY APPLN. INFO: CN 2003-102491 20030127

L136 ANSWER 30 OF 31 WPIX COPYRIGHT 2008 THOMSON REUTERS on STN  
ACCESSION NUMBER: 1992-208741 [26] WPIX  
DOC. NO. CPI: C1992-094780 [21]  
TITLE: Paint for protection of buildings - contains epoxy\*  
resin, epoxy:propane butyl-ether, amine adduct,  
polyamide, liquid butadiene\*-acrylonitrile\* rubber, etc.  
DERWENT CLASS: A12; A21; A23; A82; G02  
INVENTOR: LI G; SONG J; SUN J  
PATENT ASSIGNEE: (SONG-I) SONG J  
COUNTRY COUNT: 1

PATENT INFO ABBR.:

PATENT NO	KIND	DATE	WEEK	LA	PG	MAIN IPC
CN 1054784	A	19910925	(199226)*	ZH		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
CN 1054784 A		CN 1991-101836	19910321

PRIORITY APPLN. INFO: CN 1991-101836 19910321  
DATA NOT AVAILABLE FOR THIS ACCESSION NUMBER

L136 ANSWER 31 OF 31 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN  
ACCESSION NUMBER: 2008469663 EMBASE Full-text  
TITLE: Evaluation of conscious disturbance with EEG nonlinear analysis in patients with stroke.  
AUTHOR: Wu, Dong-Yu  
CORPORATE SOURCE: Department of Rehabilitation Medicine, Xuanwu Hospital, Capital Medical University, Beijing 100053, China.  
AUTHOR: Liu, Lin; Song, Jiu-Jun; Yuan, Ying; Li, Guang-Qing; Cai, Gui; Song, Wei-Qun; Wang, Mao-Bin  
CORPORATE SOURCE: songwq66@163.com  
SOURCE: Chinese Journal of Cerebrovascular Diseases, (September 2008) Vol. 5, No. 9, pp. 385-389.  
Refs: 26  
ISSN: 1672-5921  
PUBLISHER: Society of China University journals in Natural Sciences, Beijing Normal University, Beijing, 100083, China.  
COUNTRY: China  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 008 Neurology and Neurosurgery  
LANGUAGE: Chinese

SUMMARY LANGUAGE: Chinese; English  
 ENTRY DATE: Entered STN: 16 Oct 2008  
 Last Updated on STN: 16 Oct 2008

**ABSTRACT:** Objective: To establish an objective method to evaluate the degree of conscious disturbance with EEG nonlinear analysis and to investigate the rule of nonlinear dynamic changes in patients with conscious disturbance after stroke. Methods: Thirty patients with stroke complicated with disturbance of consciousness were selected as conscious disturbance group. All of the patients were evaluated by clinical, brainstem auditory evoked potential, somatosensory evoked potential, and routine EEG examination. Thirty patients had stroke with normal conscious state were used as the control group. The EEG signals of all the patients were collected under eyes closed, auditory stimulus (verbal and music) and painful stimulus (both side) states. Their nonlinear indexes such as complexity (Cx), approximate entropy (ApEn), and cross-approximate entropy (cross-ApEn) were calculated. Results: 1 The nonlinear indexes under the eyes closed state in the conscious disturbance and control groups were Cx:  $0.25 \pm 0.04$  and  $0.35 \pm 0.08$ , ApEn:  $0.54 \pm 0.08$  and  $0.72 \pm 0.12$ , and cross-ApEn:  $0.69 \pm 0.10$  and  $0.90 \pm 0.11$ , respectively. There were significant differences between the two groups (all  $P < 0.01$ ). 2 As compared with eyes closed state, all the EEG nonlinear indexes under the auditory stimulus and painful stimulus states in the conscious disturbance group had almost no change (Cx: auditory stimulus  $0.25 \pm 0.04$  and  $0.26 \pm 0.06$ , painful stimulus  $0.25 \pm 0.05$  and  $0.26 \pm 0.05$ ,  $P = 0.529$ ; ApEn: auditory stimulus  $0.52 \pm 0.10$  and  $0.53 \pm 0.12$ , painful stimulus  $0.50 \pm 0.11$  and  $0.55 \pm 0.12$ ,  $P = 0.9$ ; and cross-ApEn: auditory stimulus  $0.69 \pm 0.13$  and  $0.67 \pm 0.16$ , painful stimulus  $0.66 \pm 0.11$  and  $0.71 \pm 0.12$ ,  $P = 0.605$ ). The nonlinear indexes of ApEn and cross-ApEn in the control group were increased significantly, but the changes of Cx were not significantly (Cx: auditory stimulus  $0.37 \pm 0.07$  and  $0.39 \pm 0.08$ , painful stimulus  $0.37 \pm 0.08$  and  $0.39 \pm 0.07$ ,  $P = 0.205$ ; ApEn: auditory stimulus  $0.76 \pm 0.11$  and  $0.79 \pm 0.10$ , painful stimulus  $0.74 \pm 0.13$  and  $0.81 \pm 0.10$ ,  $P = 0.017$ ; cross-ApEn: auditory stimulus  $0.93 \pm 0.10$  and  $0.97 \pm 0.09$ , painful stimulus  $0.94 \pm 0.13$  and  $1.00 \pm 0.11$ ,  $P = 0.006$ ). Conclusions: EEG nonlinear analysis can real-time monitor and quantitatively detect the degree of cerebral cortex suppression. The nonlinear indexes in patients with conscious disturbance were significantly lower than those in normal conscious state. EEG nonlinear analysis in combination with auditory and painful stimulus may describe the functional of changes of brain in patients with conscious disturbance more accurately.

**CONTROLLED TERM:** Medical Descriptors:  
 adolescent  
 adult  
 aged  
 article  
 auditory stimulation  
 brain function  
 \*cerebrovascular accident  
 clinical article  
 \*consciousness disorder: CO, complication  
 \*consciousness disorder: DI, diagnosis  
 consciousness level  
 controlled study  
 electroencephalogram  
 \*electroencephalography  
 entropy  
 evoked brain stem auditory response  
 evoked somatosensory response  
 female  
 human

Serial#: 1058277

male  
nociceptive stimulation  
nonlinear system  
school child

SUPPLEMENTARY TERM: Cerebrovascular accident; Consciousness disorders;  
Electroencephalography; Nonlinear dynamics

Serial#: 1058277

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L137 6 L118 NOT L89

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L138 3 L122 NOT L92

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BIOSIS indexing.

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L139 2 L127 NOT L95

=> FILE WPIX

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MOST RECENT UPDATE: 200875 <200875/DW>  
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20080401/UPIC, 20080701/UPIC and 20081001/UPIC.  
ECLA reclassifications to mid August and US national classification  
mid September 2008 have also been loaded. Update dates 20080401,  
20080701 and 20081001/UFEC and /UPNC have been assigned to these. <<

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[http://www.stn-international.com/archive/presentations/DWPIAnaVist2\\_0608.pdf](http://www.stn-international.com/archive/presentations/DWPIAnaVist2_0608.pdf)

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=> S L131 NOT L98  
L140 1 L131 NOT L98

=> FILE EMBASE

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FILE COVERS 1974 TO 24 Nov 2008 (20081124/ED)

EMBASE was reloaded on March 30, 2008.

Serial#: 1058277

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=> S L135 NOT L101
L141      27 L135 NOT L101
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=> FILE HCAPLUS
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FILE COVERS 1907 - 24 Nov 2008 VOL 149 ISS 22  
FILE LAST UPDATED: 23 Nov 2008 (20081123/ED)

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=> D QUE L137
L85 ( 2431)SEA FILE=HCAPLUS ABB=ON PLU=ON ARTEMISININ
L86 ( 24980)SEA FILE=HCAPLUS ABB=ON PLU=ON LI, G7/AU
L87 ( 11393)SEA FILE=HCAPLUS ABB=ON PLU=ON SONG, J7/AU
L88 ( 70)SEA FILE=HCAPLUS ABB=ON PLU=ON L86 AND L87
L89 ( 4)SEA FILE=HCAPLUS ABB=ON PLU=ON L85 AND L88
L102( 2431)SEA FILE=HCAPLUS ABB=ON PLU=ON ARTEMISININ
L103( 127)SEA FILE=HCAPLUS ABB=ON PLU=ON PIPERAQUINE
L104( 1570)SEA FILE=HCAPLUS ABB=ON PLU=ON PRIMAQUINE
L105( 7)SEA FILE=HCAPLUS ABB=ON PLU=ON L102 AND L103 AND L104
L106( 522)SEA FILE=HCAPLUS ABB=ON PLU=ON ARTEANNUNIN OR ARTEMISININE OR
      QINGHAOSU OR QUING HAU SAU OR QUINGHAOSU
L107( 222)SEA FILE=HCAPLUS ABB=ON PLU=ON PRIMACIN OR (PRIMAQUINE) (2A) (D
      IPHOSPHATE OR PHOSPHATE)
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Serial#: 1058277

L108( 2731)SEA FILE=HCAPLUS ABB=ON PLU=ON L102 OR L106  
L109( 1570)SEA FILE=HCAPLUS ABB=ON PLU=ON L107 OR L104  
L110( 8)SEA FILE=HCAPLUS ABB=ON PLU=ON L108 AND L103 AND L109  
L111( 479)SEA FILE=HCAPLUS ABB=ON PLU=ON QINGHAOSU OR ARTEANNUN OR  
ARTEMEF OR ARTEMISINE OR HUANGHUAHAOSU OR NSC 369397OR QHS OR  
QING HAU SU OR QINGHOSU  
L112( 2740)SEA FILE=HCAPLUS ABB=ON PLU=ON L108 OR L111  
L113( 2)SEA FILE=HCAPLUS ABB=ON PLU=ON PIPERAQUINOLINE  
L114( 129)SEA FILE=HCAPLUS ABB=ON PLU=ON L103 OR L113  
L115( 19)SEA FILE=HCAPLUS ABB=ON PLU=ON NEO-QUIPENYL OR NSC 27296 OR  
PRIMACHIN OR PRIMAQUIN OR SN 13272 OR WR 2975  
L116( 1583)SEA FILE=HCAPLUS ABB=ON PLU=ON L109 OR L115  
L117( 8)SEA FILE=HCAPLUS ABB=ON PLU=ON L112 AND L114 AND L116  
L118( 7)SEA FILE=HCAPLUS ABB=ON PLU=ON L105 AND L110 AND L117  
L137( 6)SEA FILE=HCAPLUS ABB=ON PLU=ON L118 NOT L89

=> FILE MEDLINE

FILE 'MEDLINE' ENTERED AT 17:22:01 ON 24 NOV 2008

FILE LAST UPDATED: 19 Nov 2008 (20081119/UP). FILE COVERS 1949 TO DATE.

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=> D QUE L138

L90 ( 5207)SEA FILE=MEDLINE ABB=ON PLU=ON LI, G7/AU  
L91 ( 3225)SEA FILE=MEDLINE ABB=ON PLU=ON SONG, J7/AU  
L92 9 SEA FILE=MEDLINE ABB=ON PLU=ON L90 AND L91  
L119( 2256)SEA FILE=MEDLINE ABB=ON PLU=ON ARTEMISININ?/CT  
L120( 113)SEA FILE=MEDLINE ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
L121( 1252)SEA FILE=MEDLINE ABB=ON PLU=ON PRIMAQUINE?/CT  
L122 3 SEA FILE=MEDLINE ABB=ON PLU=ON L119 AND L120 AND L121  
L138 3 SEA FILE=MEDLINE ABB=ON PLU=ON L122 NOT L92

=> FILE BIOSIS

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CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT  
FROM JANUARY 1926 TO DATE.

RECORDS LAST ADDED: 19 November 2008 (20081119/ED)

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=&gt; D QUE L139

L93 ( 5730)SEA FILE=BIOSIS ABB=ON PLU=ON LI, G2/AU  
 L94 ( 3789)SEA FILE=BIOSIS ABB=ON PLU=ON SONG, J2/AU  
 L95 10 SEA FILE=BIOSIS ABB=ON PLU=ON L93 AND L94  
 L123( 1731)SEA FILE=BIOSIS ABB=ON PLU=ON ARTEMISININ  
 L124( 1978)SEA FILE=BIOSIS ABB=ON PLU=ON L123 OR ARTEANNUIN OR ARTEMISIN  
 INE OR QINGHAOSU OR QING HAU SAU OR ARTEMEF OR ARTEMISINE OR  
 HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU SU OR QINGHOSU  
 L125( 101)SEA FILE=BIOSIS ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
 L126( 1626)SEA FILE=BIOSIS ABB=ON PLU=ON PRIMAQUINE OR PRIMACIN OR  
 (PRIMAQUINE) (2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL  
 OR PRIMACHIN OR PRIMAQUIN  
 L127 2 SEA FILE=BIOSIS ABB=ON PLU=ON L124 AND L125 AND L126  
 L139 2 SEA FILE=BIOSIS ABB=ON PLU=ON L127 NOT L95

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FILE LAST UPDATED: 21 NOV 2008 <20081121/UP>  
 MOST RECENT UPDATE: 200875 <200875/DW>  
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 September 2008. No update date (UP) has been created for the  
 reclassified documents, but they can be identified by 20060101/UPIC,  
 and 20061231/UPIC, 20070601/UPIC, 20071001/UPIC, 20071130/UPIC,  
 20080401/UPIC, 20080701/UPIC and 20081001/UPIC.  
 ECLA reclassifications to mid August and US national classification  
 mid September 2008 have also been loaded. Update dates 20080401,  
 20080701 and 20081001/UPEC and /UPNC have been assigned to these. <<

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=&gt; D QUE L140

L96 ( 6388)SEA FILE=WPIX ABB=ON PLU=ON LI, G2/AU  
 L97 ( 6906)SEA FILE=WPIX ABB=ON PLU=ON SONG, J2/AU  
 L98 12 SEA FILE=WPIX ABB=ON PLU=ON L96 AND L97  
 L128( 277)SEA FILE=WPIX ABB=ON PLU=ON ARTEMISININ OR ARTEANNUIN OR  
 ARTEMISININE OR QINGHAOSU OR QING HAU SAU OR ARTEMEF OR  
 ARTEMISINE OR HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU  
 SU OR QINGHOSU

Serial#: 1058277

L129( 13)SEA FILE=WPIX ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
L130( 158)SEA FILE=WPIX ABB=ON PLU=ON PRIMAQUINE OR PRIMACIN OR  
(PRIMAQUINE) (2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL  
OR PRIMACHIN OR PRIMAQUIN  
L131 2 SEA FILE=WPIX ABB=ON PLU=ON L128 AND L129 AND L130  
L140 1 SEA FILE=WPIX ABB=ON PLU=ON L131 NOT L98

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L99 ( 4036)SEA FILE=EMBASE ABB=ON PLU=ON LI, G7/AU  
L100( 2833)SEA FILE=EMBASE ABB=ON PLU=ON SONG, J7/AU  
L101 6 SEA FILE=EMBASE ABB=ON PLU=ON L99 AND L100  
L132( 2081)SEA FILE=EMBASE ABB=ON PLU=ON ARTEMISININ7/CT  
L133( 180)SEA FILE=EMBASE ABB=ON PLU=ON PIPERAQUINE7/CT  
L134( 2993)SEA FILE=EMBASE ABB=ON PLU=ON PRIMAQUINE7/CT  
L135 27 SEA FILE=EMBASE ABB=ON PLU=ON L132 AND L133 AND L134  
L141 27 SEA FILE=EMBASE ABB=ON PLU=ON L135 NOT L101

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L142 34 DUP REMOVE L137 L138 L139 L140 L141 (5 DUPLICATES REMOVED)

L142 ANSWER 1 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 1  
 ACCESSION NUMBER: 2008:586640 HCAPLUS Full-text  
 DOCUMENT NUMBER: 148:554046  
 TITLE: Antiparasitic methods and compositions using diindolylmethane-related indoles  
 INVENTOR(S): Zeligs, Michael A.  
 PATENT ASSIGNEE(S): Bioresponse, L.L.C., USA  
 SOURCE: PCT Int. Appl., 76pp.  
 CODEN: PIXXD2  
 DOCUMENT TYPE: Patent  
 LANGUAGE: English  
 FAMILY ACC. NUM. COUNT: 1  
 PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 2008057253	A2	20080515	WO 2007-US22649	20071026
W:	AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BH, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DO, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, GT, HN, HR, HU, ID, IL, IN, IS, JP, KE, KG, KM, KN, KP, KR, KZ, LA, LC, LK, LR, LS, LT, LU, LY, MA, MD, ME, MG, MK, MN, MW, MX, MY, MZ, NA, NG, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RS, RU, SC, SD, SE, SG, SK, SL, SM, SV, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, ZA, ZM, ZW			
RM:	AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, LV, MC, MT, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG, BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM			

PRIORITY APPLN. INFO.: US 2006-854830P P 20061027

OTHER SOURCE(S): MARPAT 148:554046

ED Entered STN: 15 May 2008

AB The invention includes methods and compns. for the treatment and prevention of protozoal parasitic infections utilizing diindolylmethane-related indoles. Additive and synergistic interaction of Diindolylmethane-related indoles with other known antiparasitic and proapoptotic agents is believed to permit more effective therapy and prevention of protozoal parasitic infections. The methods and compns. described provide new treatment of protozoal parasitic diseases of mammals and birds including malaria, leishmaniasis, trypanosomiasis, trichomoniasis, neosporosis and coccidiosis.

L142 ANSWER 2 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN DUPLICATE 2  
 ACCESSION NUMBER: 2008:1047189 HCAPLUS Full-text  
 DOCUMENT NUMBER: 149:298591  
 TITLE: Malaria - Part 1: medicinal therapy  
 AUTHOR(S): Stich, August; Altenkaemper, Mirko; Schlitzer, Martin  
 CORPORATE SOURCE: Tropenmedizinische Abteilung, Missionsaerztliche Klinik gGmbH, Wuerzburg, D-97074, Germany  
 SOURCE: Deutsche Apotheker Zeitung (2008), 148(30), 36-45  
 CODEN: DAZE2; ISSN: 0011-9857  
 PUBLISHER: Deutscher Apotheker Verlag  
 DOCUMENT TYPE: Journal; General Review  
 LANGUAGE: German

ED Entered STN: 29 Aug 2008

AB A review is given on pathogenesis and therapy of malaria. The pathogens Plasmodium malariae, P. vivax, P. ovale, and P. falciparum as well as pathogenesis and symptoms of the disease are described. Drugs for therapy and

prophylaxis are summarized. Results obtained with the 4-aminoquinolines chloroquine, amodiaquine, piperaquine, and pyronaridine, the arylaminoalcs. quinine, mefloquine, halofantrine, and lumefantrine, the 8-aminoquinolines primaquine and tafenoquine, the artemisinins artemeter and artesunate, the antifolates sulfadoxine/pyrimethamine and dapsone/chlorproguanil, atovaquone/proguanil, and the antibiotics doxycycline, clindamycin, azithromycin, and fosmidomycin are reviewed.

L142 ANSWER 3 OF 34 HCAPLUS COPYRIGHT 2008 ACS ON STN DUPLICATE 3

ACCESSION NUMBER: 2008:401840 HCAPLUS Full-text

DOCUMENT NUMBER: 149:369713

TITLE: Efficacy of Artequick versus artesunate-mefloquine in the treatment of acute uncomplicated falciparum malaria in Thailand

AUTHOR(S): Tangpukdee, Noppadon; Krudsood, Srivicha; Thanachartwet, Vipa; Pengruksa, Chaweewan; Phophak, Nanthaporn; Kano, Shigeyuki; Li, Guoqiao; Brittenham, Gary M.; Looareesuwan, Sornchai; Wilairatana, Polrat  
CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand

SOURCE: Southeast Asian Journal of Tropical Medicine and Public Health (2008), 39(1), 1-8  
CODEN: SJTHAK; ISSN: 0125-1562

PUBLISHER: SEAMEO-TROPMED Network

DOCUMENT TYPE: Journal

LANGUAGE: English

ED Entered STN: 01 Apr 2008

AB To determine the efficacy, safety and tolerability of an alternative short-course, artemisinin-based combination therapy for acute uncomplicated Plasmodium falciparum malaria, we compared Artequick-a fixed-dosed combination of artemisinin (80 mg), piperaquine (400 mg), and primaquine (4 mg), per tablet-with a standard regimen of artesunate-mefloquine. A total of 130 patients were randomly assigned to treatment with an orally administered, once-daily, 3-day regimen of either Artequick (Group A: 3.2 mg/kg/day of artemisinin, 16 mg/kg/day of piperaquine, and 0.16 mg/kg/day of primaquine) or artesunate-mefloquine (Group B: artesunate, 4 mg/kg/day, with mefloquine, 8 mg/kg/day). Patients receiving each regimen had a rapid clin. and parasitol. response. All treatments were well tolerated, and no serious adverse effects occurred. No significant differences were found in fever- and parasite-clearance times between the two study groups. The 28-day cure rates were similarly high, at 98.5% and 100%, in groups A and B, resp. We conclude that Artequick was as effective and well tolerated as artesunate-mefloquine and could be used as an alternative treatment for multidrug-resistant Plasmodium falciparum malaria in Southeast Asia.

REFERENCE COUNT: 21 THERE ARE 21 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 4 OF 34 HCAPLUS COPYRIGHT 2008 ACS ON STN DUPLICATE 4

ACCESSION NUMBER: 2005:161561 HCAPLUS Full-text

DOCUMENT NUMBER: 142:475029

TITLE: Piperaquine: A resurgent antimalarial drug  
AUTHOR(S): Davis, Timothy M. E.; Hung, Te-Yu; Sim, Ing-Kye;

Karunajeewa, Harin A.; Ilett, Kenneth F.  
CORPORATE SOURCE: Medicine Unit Fremantle and Pharmacology Unit Nedlands, School of Medicine and Pharmacology, University of Western Australia, Crawley, Australia

SOURCE: Drugs (2005), 65(1), 75-87  
CODEN: DRUGAY; ISSN: 0012-6667

PUBLISHER: Adis International Ltd.

DOCUMENT TYPE: Journal; General Review  
LANGUAGE: English  
ED Entered STN: 25 Feb 2005

AB A review. Piperaquine is a bisquinoline antimalarial drug that was first synthesized in the 1960s, and used extensively in China and Indochina as prophylaxis and treatment during the next 20 years. A number of Chinese research groups documented that it was at least as effective as, and better tolerated than, chloroquine against falciparum and vivax malaria, but no pharmacokinetic characterization was undertaken. With the development of piperazine-resistant strains of *Plasmodium falciparum* and the emergence of the artemisinin derivs., its use declined during the 1980s. However, during the next decade, piperazine was rediscovered by Chinese scientists as one of a number of compds. suitable for combination with an artemisinin derivative. The rationale for such artemisinin combination therapies (ACTs) was to provide an inexpensive, short-course treatment regimen with a high cure rate and good tolerability that would reduce transmission and protect against the development of parasite resistance. This approach has now been endorsed by the WHO. Piperazine-based ACT began as China-Vietnam 4 (CV4: dihydroartemisinin [DHA], trimethoprim, piperazine phosphate and primaquine phosphate), which was followed by CV8 (the same components as CV4 but in increased quantities), Artecom (in which primaquine was omitted) and Artekin or Duo-Cotecxin (DHA and piperazine phosphate only). Recent Indochinese studies have confirmed the excellent clin. efficacy of piperazine-DHA combinations (28-day cure rates >95%), and have demonstrated that currently recommended regimens are not associated with significant cardiotoxicity or other adverse effects. The pharmacokinetic properties of piperazine have also been characterized recently, revealing that it is a highly lipid-soluble drug with a large volume of distribution at steady state/bioavailability, long elimination half-life and a clearance that is markedly higher in children than in adults. The tolerability, efficacy, pharmacokinetic profile and low cost of piperazine make it a promising partner drug for use as part of an ACT.

REFERENCE COUNT: 81 THERE ARE 81 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 5 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN

ACCESSION NUMBER: 2006:428032 HCAPLUS Full-text

DOCUMENT NUMBER: 145:76010

TITLE: Non-stochastic quadratic fingerprints and LDA-based QSAR models in hit and lead generation through virtual screening: theoretical and experimental assessment of a promising method for the discovery of new antimalarial compounds

AUTHOR(S): Montero-Torres, Alina; Garcia-Sanchez, Rory N.; Marrero-Ponce, Yovani; Machado-Tugores, Yanetsy; Nogal-Ruiz, Juan J.; Martinez-Fernandez, Antonio R.; Aran, Vicente J.; Ochoa, Carmen; Meneses-Marcel, Alfredo; Torrens, Francisco

CORPORATE SOURCE: Department of Drug Design, CBQ, Central University of Las Villas, Santa Clara, Villa Clara, 54830, Cuba

SOURCE: European Journal of Medicinal Chemistry (2006), 41(4), 483-493

CODEN: EJMCA5; ISSN: 0223-5234

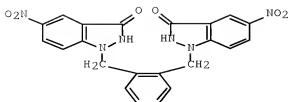
PUBLISHER: Elsevier B.V.

DOCUMENT TYPE: Journal

LANGUAGE: English

ED Entered STN: 09 May 2006

GI



I

AB In order to explore the ability of nonstochastic quadratic indexes to encode chemical information in antimalarials, four quant. models for the discrimination of compds. having this property were generated and statistically compared. Accuracies of 90.2% and 83.3% for the training and test sets, resp., were observed for the best of all the models, which included nonstochastic quadratic fingerprints weighted with Pauling electronegativities. With a comparative purpose and as a second validation experiment, an exercise of virtual screening of 65 already-reported antimalarials was carried out. Finally, 17 new compds. were classified as either active/inactive ones and exptl. evaluated for their potential antimalarial properties on the ferriprotoporphyrin (FP) IX biocrystn. inhibition test (FBIT). The theor. predictions were in agreement with the exptl. results. Compound (I) was more active than chloroquine. The current result illustrates the usefulness of the TOMOCOMD-CARDD strategy in rational antimalarial-drug design, at the time that it introduces a new family of organic compds. as starting point for the development of promising antimalarials.

REFERENCE COUNT: 46 THERE ARE 46 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 6 OF 34 HCAPLUS COPYRIGHT 2008 ACS on STN  
 ACCESSION NUMBER: 2005:485667 HCAPLUS Full-text  
 DOCUMENT NUMBER: 143:165983  
 TITLE: Ligand-Based Virtual Screening and in Silico Design of New Antimalarial Compounds Using Nonstochastic and Stochastic Total and Atom-Type Quadratic Maps  
 AUTHOR(S): Marrero-Ponce, Yovani; Iyarreta-Veitia, Maite; Montero-Torres, Alina; Romero-Zaldivar, Carlos; Brandt, Carlos A.; Avila, Priscilla E.; Kirchgatter, Karin; Machado, Yanetsy  
 CORPORATE SOURCE: Department of Pharmacy, Faculty of Chemical Pharmacy and Department of Drug Design, Chemical Bioactive Center, Central University of Las Villas, Santa Clara, Villa Clara, 54830, Cuba  
 SOURCE: Journal of Chemical Information and Modeling (2005), 45(4), 1082-1100  
 CODEN: JCISD8; ISSN: 1549-9596  
 PUBLISHER: American Chemical Society  
 DOCUMENT TYPE: Journal  
 LANGUAGE: English  
 OTHER SOURCE(S): CASREACT 143:165983  
 ED Entered STN: 09 Jun 2005

AB Malaria has been one of the most significant public health problems for centuries. It affects many tropical and subtropical regions of the world. The increasing resistance of Plasmodium spp. to existing therapies has heightened alarms about malaria in the international health community. Nowadays, there is

a pressing need for identifying and developing new drug-based antimalarial therapies. In an effort to overcome this problem, the main purpose of this study is to develop simple linear discriminant-based quant. structure-activity relation (QSAR) models for the classification and prediction of antimalarial activity using some of the TOMOCOMD-CARDD (Topol. Mol. Computer Design-Computer Aided "Rational" Drug Design) fingerprints, to enable computational screening from virtual combinatorial datasets. In this sense, a database of 1562 organic chems. having great structural variability, 597 of them antimalarial agents and 965 compds. having other clin. uses, was analyzed and presented as a helpful tool, not only for theor. chemists but also for other researchers in this area. This series of compds. was processed by a k-means cluster anal. to design training and predicting sets. Afterward, two linear classification functions were derived to discriminate between antimalarial and nonantimalarial compds. The models (including nonstochastic and stochastic indexes) correctly classify more than 93% of the compound set, in both training and external prediction datasets. They showed high Matthews' correlation coeffs., 0.889 and 0.866 for the training set and 0.855 and 0.857 for the test one. The models' predictivity was also assessed and validated by the random removal of 10% of the compds. to form a new test set, for which predictions were made using the models. The overall means of the correct classification for this process (leave group 10% full-out cross validation) using the equations with nonstochastic and stochastic atom-based quadratic fingerprints were 93.93% and 92.77%, resp. The quadratic maps-based TOMOCOMD-CARDD approach implemented in this work was successfully compared with four of the most useful models for antimalarials selection reported to date. The developed models were then used in a simulation of a virtual search for Ras FTase (FTase = farnesyltransferase) inhibitors with antimalarial activity; 70% and 100% of the 10 inhibitors used in this virtual search were correctly classified, showing the ability of the models to identify new lead antimalarials. Finally, these two QSAR models were used in the identification of previously unknown antimalarials. In this sense, three synthetic intermediaries of quinolinic compds. were evaluated as active/inactive ones using the developed models. The synthesis and biol. evaluation of these chems. against two malaria strains, using chloroquine as a reference, was performed. An accuracy of 100% with the theor. predictions was observed Compound 3 showed antimalarial activity, being the first report of an arylaminomethylenemalonate having such behavior. This result opens a door to a virtual study considering a higher variability of the structural core already evaluated, as well as of other chems. not included in this study. We conclude that the approach described here seems to be a promising QSAR tool for the mol. discovery of novel classes of antimalarial drugs, which may meet the dual challenges posed by drug-resistant parasites and the rapid progression of malaria illnesses.

REFERENCE COUNT: 111 THERE ARE 111 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L142 ANSWER 7 OF 34 MEDLINE on STN  
 ACCESSION NUMBER: 2006248445 MEDLINE Full-text  
 DOCUMENT NUMBER: PubMed ID: 16570188  
 TITLE: Pharmacokinetics of piperaquine after repeated oral administration of the antimalarial combination CV8 in 12 healthy male subjects.  
 AUTHOR: Roshamar Daniel; Hai Trinh Ngoc; Friberg Hietala Sofia; Van Huong Nguyen; Ashton Michael  
 CORPORATE SOURCE: Unit for Pharmacokinetics and Drug Metabolism, Department of Pharmacology, Sahlgrenska Academy at Goteborg

SOURCE: University, Goteborg, Sweden.  
 European journal of clinical pharmacology, (2006 May) Vol. 62, No. 5, pp. 335-41. Electronic Publication: 2006-03-29. Journal code: 1256165. ISSN: 0031-6970.

PUB. COUNTRY: Germany; Germany, Federal Republic of

DOCUMENT TYPE: (CLINICAL TRIAL)  
 Journal; Article; (JOURNAL ARTICLE)  
 (RESEARCH SUPPORT, NON-U.S. GOV'T)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 200710

ENTRY DATE: Entered STN: 5 May 2006  
 Last Updated on STN: 12 Dec 2006  
 Entered Medline: 19 Oct 2007

## ABSTRACT:

**OBJECTIVE:** To investigate the pharmacokinetic properties of piperazine after repeated oral administration of the antimalarial combination CV8 in healthy subjects. **METHODS:** Twelve healthy fasted Vietnamese males were administered four tablets CV8 (320 mg piperazine phosphate, 32 mg dihydroartemisinin, 5 mg primaquine phosphate, 90 mg trimethoprim) on day 1, followed by two tablets every 24th hour, for a total of 3 days. Blood samples were frequently drawn on days 1 and 3 and sparsely drawn until day 29. Samples were analyzed for piperazine using solid phase extraction followed by high-performance liquid chromatography. Population pharmacokinetic parameter estimates were obtained by nonlinear mixed effects modeling of the observed data using NONMEM. **RESULTS:** A two-compartment disposition model with an absorption lag time described the observed piperazine concentrations. Absorption profiles were found to be irregular with double or multiple peaks. A dual pathway first-order absorption model improved the goodness of fit. Piperazine pharmacokinetics were characterized by a large volume of distribution and a terminal half-life of several days. Estimates [95% confidence interval (CI)] of CL/F, V(ss)/F and t(1/2)(z) were found to be 56.4 (29-84) l/h, 6,000 (3,500-8,500) l and 11.7 (8.3-15.7) days, respectively. **CONCLUSION:** Piperazine pharmacokinetics after repeated oral doses were characterized by multiple concentration peaks and multiphasic disposition, resulting in a long terminal half-life. Sustained exposure to the drug after treatment should be taken into account when designing future clinical studies, e.g. duration of follow-up, and may also drive resistance development in areas of high malaria transmission.

**CONTROLLED TERM:** Check Tags: Male  
 Administration, Oral  
 Adult  
 \*Antimalarials: AD, administration & dosage  
 \*Antimalarials: PK, pharmacokinetics  
 Artemisinins: AD, administration & dosage  
 Artemisinins: PK, pharmacokinetics  
 Chromatography, High Pressure Liquid  
 Drug Combinations  
 Fasting  
 Half-Life  
 Humans  
 Middle Aged  
 Pilot Projects  
 Primaquine: AD, administration & dosage  
 Primaquine: PK, pharmacokinetics  
 \*Quinolines: AD, administration & dosage  
 \*Quinolines: PK, pharmacokinetics  
 Sesquiterpenes: AD, administration & dosage  
 Sesquiterpenes: PK, pharmacokinetics  
 Trimethoprim: AD, administration & dosage

Serial#: 1058277

CAS REGISTRY NO.: Trimethoprim: PK, pharmacokinetics  
4085-31-6 (piperazine); 71939-50-9  
(dihydroquinazolinone); 738-70-5 (Trimethoprim); 90-34-6  
(Primaquine)  
CHEMICAL NAME: 0 (Antimalarials); 0 (Artemisinins); 0 (Drug Combinations);  
0 (Quinolines); 0 (Sesquiterpenes)

L142 ANSWER 8 OF 34 MEDLINE on STN  
ACCESSION NUMBER: 2004147291 MEDLINE Full-text  
DOCUMENT NUMBER: PubMed ID: 15040557  
TITLE: CV8, a new combination of dihydroartemisinin,  
piperazine, trimethoprim and primaquine, compared  
with atovaquone-proguanil against falciparum malaria in  
Vietnam.  
AUTHOR: Giao Phan T; de Vries Peter J; Hung Le Q; Binh Tran Q; Nam  
Nguyen V; Kager Piet A  
CORPORATE SOURCE: Division of Infectious Diseases, Tropical Medicine & AIDS,  
Academic Medical Center, Amsterdam, The Netherlands.  
SOURCE: Tropical medicine & international health : TM & IH, (2004  
Feb) Vol. 9, No. 2, pp. 209-16.  
Journal code: 9610576. ISSN: 1360-2276.  
PUB. COUNTRY: England: United Kingdom  
DOCUMENT TYPE: (CLINICAL TRIAL)  
(COMPARATIVE STUDY)  
Journal; Article; (JOURNAL ARTICLE)  
(RANDOMIZED CONTROLLED TRIAL)  
(RESEARCH SUPPORT, NON-U.S. GOV'T)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200404  
ENTRY DATE: Entered STN: 26 Mar 2004  
Last Updated on STN: 29 Apr 2004  
Entered Medline: 28 Apr 2004

ABSTRACT:

OBJECTIVES: To study a new combination, based on dihydroartemisinin and  
\*\*piperazine\*\* (CV8) and atovaquone/proguanil (Malarone) for treatment of  
uncomplicated falciparum malaria in Vietnam. METHODS: Vietnamese adults with  
falciparum malaria were allocated randomly to treatment with  
dihydroartemisinin/piperazine/trimethoprim/primaquine  
256/2560/720/40 mg (CV8, n = 84) or Malarone 3000/1200 mg (n = 81), both over 3  
days. Patients were followed-up for 28 days. RESULTS: All patients recovered  
rapidly. The mean (95% CI) parasite elimination half-life of CV8 was 6.8 h  
(6.2-7.4) and of Malarone 6.5 h (6.1-6.9) (P = 0.4). Complete parasite  
clearance time was 35 (31-39) and 34 h (31-38) (P = 0.9). The 28-day cure rate  
was 94% and 95%, respectively (odds ratio 0.84, 95% CI 0.18-3.81). No  
significant side-effects were found. CONCLUSION: CV8 and Malarone are  
effective combinations against multi-drug resistant falciparum malaria. CV8  
has the advantage of a low price.

CONTROLLED TERM: Check Tags: Female; Male  
Adolescent  
Adult  
Aged  
Animals  
\*Antimalarials: AD, administration & dosage  
Antimalarials: AE, adverse effects  
Artemisinins: AD, administration & dosage  
Artemisinins: AE, adverse effects  
Atovaquone  
Chloroguanide: AE, adverse effects  
\*Chloroguanide: TU, therapeutic use

Serial#: 1058277

Drug Combinations  
Drug Therapy, Combination  
Humans  
Malaria, Falciparum: BL, blood  
\*Malaria, Falciparum: DT, drug therapy  
Middle Aged  
Naphthoquinones: AE, adverse effects  
\*Naphthoquinones: TU, therapeutic use  
Parasitemia: DT, drug therapy  
Plasmodium falciparum: DE, drug effects  
Primaquine: AD, administration & dosage  
Primaquine: AE, adverse effects  
Quinolines: AD, administration & dosage  
Quinolines: AE, adverse effects  
Sesquiterpenes: AD, administration & dosage  
Sesquiterpenes: AE, adverse effects  
Treatment Outcome  
Trimethoprim: AD, administration & dosage  
Trimethoprim: AE, adverse effects  
Vietnam

CAS REGISTRY NO.: 4085-31-8 (piperazine); 500-92-5  
(Chloroquine); 71939-50-9 (dihydroquinhaosu); 738-70-5  
(Trimethoprim); 90-34-6 (Primaquine); 94015-53-9  
(Atovaquone)  
CHEMICAL NAME: 0 (Antimalarials); 0 (Artemisinins); 0 (Drug Combinations);  
0 (Naphthoquinones); 0 (Quinolines); 0 (Sesquiterpenes); 0  
(malarone)

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ACCESSION NUMBER: 2008401394 EMBASE Full-text  
TITLE: Therapy of uncomplicated malaria in children: A review of  
treatment principles, essential drugs and current  
recommendations.  
AUTHOR: Deen, Jacqueline L.; Von Seidlein, Lorenz  
CORPORATE SOURCE: Joint Malaria Programme, Tanga, Tanzania, United Republic  
of. jdeen@ivi.int  
AUTHOR: Deen, Jacqueline L.  
CORPORATE SOURCE: International Vaccine Institute, Seoul, Korea, Republic of.  
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AUTHOR: Von Seidlein, Lorenz  
CORPORATE SOURCE: London School of Hygiene and Tropical Medicine, London,  
United Kingdom.  
AUTHOR: Von Seidlein, Lorenz; Dondorp, Arjen  
CORPORATE SOURCE: Mahidol-Oxford Tropical Medicine Research Unit, Bangkok,  
Thailand.  
AUTHOR: Deen, J. L. (correspondence)  
CORPORATE SOURCE: Joint Malaria Programme, Tanga, Tanzania, United Republic  
of. jdeen@ivi.int  
SOURCE: Tropical Medicine and International Health, (September  
2008) Vol. 13, No. 9, pp. 1111-1130.  
Refs: 151  
ISSN: 1360-2276 E-ISSN: 1365-3156 CODEN: TMIHFL  
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2XG, United Kingdom.  
COUNTRY: United Kingdom  
DOCUMENT TYPE: Journal; General Review; (Review)

Serial#: 1058277

FILE SEGMENT: 004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology  
036 Health Policy, Economics and Management  
037 Drug Literature Index  
038 Adverse Reactions Titles  
039 Pharmacy

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 30 Sep 2008

Last Updated on STN: 30 Sep 2008

ABSTRACT: Understanding the optimal treatment of uncomplicated malaria in children is challenging because of the availability of new drugs and the shift to combination therapies. This is a review of the guiding principles for the treatment of uncomplicated malaria, the essential anti-malarial drugs for children, and the treatment regimens currently recommended. .COPYRG1. 2008 Blackwell Publishing Ltd.

CONTROLLED TERM: Medical Descriptors:  
abdominal discomfort: SI, side effect  
abdominal pain: SI, side effect  
abnormal dreaming: SI, side effect  
acidosis: SI, side effect  
agranulocytosis: SI, side effect  
aminoaciduria: SI, side effect  
anaphylaxis: SI, side effect  
anemia: SI, side effect  
angioneurotic edema: SI, side effect  
anorexia: SI, side effect  
antimalarial activity  
aplastic anemia: SI, side effect  
area under the curve  
aseptic meningitis: SI, side effect  
asthma: SI, side effect  
ataxia: SI, side effect  
bacterial infection: SI, side effect  
balance impairment: SI, side effect  
black water fever: SI, side effect  
blood disease: SI, side effect  
bradycardia: SI, side effect  
brain disease: SI, side effect  
bronchospasm: SI, side effect  
candidiasis: SI, side effect  
chemoprophylaxis  
chronic drug administration  
cinchonism: SI, side effect  
clinical trial  
combination chemotherapy  
continuous infusion  
convulsion: SI, side effect  
cost effectiveness analysis  
crystalluria: SI, side effect  
cytopenia: SI, side effect  
depression: SI, side effect  
diarrhea: SI, side effect  
dizziness: SI, side effect  
dose response  
drowsiness: SI, side effect  
drug absorption  
drug antagonism  
drug bioavailability

drug blood level  
drug contraindication  
drug cost  
drug distribution  
drug dosage form  
drug dose reduction  
drug dose regimen  
drug efficacy  
drug elimination  
drug eruption: SI, side effect  
drug fatality  
drug fever: SI, side effect  
drug formulation  
drug half life  
drug hypersensitivity: SI, side effect  
drug induced headache: SI, side effect  
drug intoxication: DT, drug therapy  
drug mechanism  
drug megadose  
drug metabolism  
drug overdose  
drug potentiation  
drug rash: SI, side effect  
drug safety  
drug solubility  
drug tolerability  
drug urine level  
drug withdrawal  
dysphagia: SI, side effect  
dysphoria: SI, side effect  
ECG abnormality: SI, side effect  
enamel hypoplasia: SI, side effect  
eosinophilia: SI, side effect  
erythema nodosum: SI, side effect  
esophagus ulcer: SI, side effect  
exfoliative dermatitis: SI, side effect  
eye disease: SI, side effect  
fatigue: SI, side effect  
fibrosing alveolitis: SI, side effect  
flushing  
gastrointestinal symptom: SI, side effect  
glossitis: SI, side effect  
glucosuria: SI, side effect  
hair loss: SI, side effect  
hearing  
heart arrest: SI, side effect  
heart palpitation: SI, side effect  
hematopoiesis  
hematuria: SI, side effect  
hemolysis: SI, side effect  
hemolytic anemia: SI, side effect  
hemolytic uremic syndrome: SI, side effect  
hepatitis: SI, side effect  
human  
hyperinsulinemia: SI, side effect  
hypertension: SI, side effect  
hyperuricemia: SI, side effect  
hypoglycemia: SI, side effect  
hypokalemia: SI, side effect  
hypophosphatemia: SI, side effect

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hypoprote thrombinemia: SI, side effect  
hypotension: SI, side effect  
infection prevention  
injection site necrosis: SI, side effect  
injection site pain: SI, side effect  
insomnia: SI, side effect  
interstitial nephritis: SI, side effect  
intracranial pressure  
jaundice: SI, side effect  
keratopathy: SI, side effect  
kidney failure: SI, side effect  
leukocytosis: SI, side effect  
leukopenia: SI, side effect  
liver dysfunction: SI, side effect  
liver toxicity: SI, side effect  
loading drug dose  
Loeffler pneumonia: SI, side effect  
\*malaria: DM, disease management  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
\*malaria: ET, etiology  
\*malaria: PC, prevention  
malaria falciparum: DM, disease management  
malaria falciparum: DR, drug resistance  
malaria falciparum: DT, drug therapy  
malaria falciparum: EP, epidemiology  
malaria falciparum: ET, etiology  
malaria falciparum: PC, prevention  
megaloblastic anemia: SI, side effect  
mental disease: SI, side effect  
methemoglobinemia: SI, side effect  
monotherapy  
multidrug resistance  
muscle weakness: SI, side effect  
myocarditis: SI, side effect  
myopathy: SI, side effect  
nausea: SI, side effect  
nerve paralysis: SI, side effect  
neuropathy: SI, side effect  
neurotoxicity: SI, side effect  
neutropenia: SI, side effect  
nonhuman  
oliguria: SI, side effect  
orthostatic hypotension: SI, side effect  
ototoxicity: SI, side effect  
palatability  
pancreatitis: SI, side effect  
pancytopenia: SI, side effect  
parasitemia: DT, drug therapy  
parasitemia: ET, etiology  
pediatrics  
pericarditis: SI, side effect  
peripheral neuropathy: SI, side effect  
photosensitivity: SI, side effect  
Plasmodium falciparum  
Plasmodium knowlesi  
Plasmodium malariae  
Plasmodium ovale  
Plasmodium vivax

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polyarteritis nodosa: SI, side effect  
polydipsia: SI, side effect  
polyuria: SI, side effect  
practice guideline  
proteinuria: SI, side effect  
pruritus: SI, side effect  
pseudomembranous colitis: SI, side effect  
psychosis: SI, side effect  
QT prolongation: SI, side effect  
rash: SI, side effect  
recommended drug dose  
reticulocytopenia: SI, side effect  
retinopathy: SI, side effect  
review  
rheumatoid arthritis: DT, drug therapy  
sciatic neuropathy: SI, side effect  
seizure: SI, side effect  
side effect: SI, side effect  
single drug dose  
sinus bradycardia: SI, side effect  
sleep disorder: SI, side effect  
somnolence: SI, side effect  
Stevens Johnson syndrome: SI, side effect  
stomatitis: SI, side effect  
systemic lupus erythematosus: SI, side effect  
systemic vasculitis: SI, side effect  
tachycardia: SI, side effect  
thrombocytopenia: SI, side effect  
tinnitus: SI, side effect  
toxic epidermal necrolysis: SI, side effect  
treatment duration  
urticaria: SI, side effect  
vertigo: SI, side effect  
visual disorder: SI, side effect  
vomiting: SI, side effect  
xerostomia: SI, side effect  
Drug Descriptors:  
amodiaquine: AE, adverse drug reaction  
amodiaquine: CB, drug combination  
amodiaquine: CM, drug comparison  
amodiaquine: CR, drug concentration  
amodiaquine: DO, drug dose  
amodiaquine: DT, drug therapy  
amodiaquine: TO, drug toxicity  
amodiaquine: PR, pharmaceutics  
amodiaquine: PK, pharmacokinetics  
amodiaquine: PD, pharmacology  
\*antimalarial agent: DT, drug therapy  
\*antimalarial agent: PE, pharmacoeconomics  
arteether: PK, pharmacokinetics  
artemether: AE, adverse drug reaction  
artemether: AD, drug administration  
artemether: CB, drug combination  
artemether: CM, drug comparison  
artemether: CR, drug concentration  
artemether: DT, drug therapy  
artemether: TO, drug toxicity  
artemether: IM, intramuscular drug administration  
artemether: PO, oral drug administration  
artemether: PA, parenteral drug administration

CONTROLLED TERM:

Serial#: 1058277

artemether: PR, pharmaceuticals  
artemether: PK, pharmacokinetics  
artemether plus benflumetol: CM, drug comparison  
artemether plus benflumetol: CR, drug concentration  
artemether plus benflumetol: DO, drug dose  
artemether plus benflumetol: DT, drug therapy  
artemether plus benflumetol: PO, oral drug administration  
artemether plus benflumetol: PR, pharmaceuticals  
artemether plus benflumetol: PK, pharmacokinetics  
    artemisinin: CB, drug combination  
    artemisinin: DT, drug therapy  
    artemisinin: PO, oral drug administration  
    artemisinin derivative: CB, drug combination  
    artemisinin derivative: DT, drug therapy  
    artemisinin derivative: PO, oral drug administration  
artesunate: AE, adverse drug reaction  
artesunate: CT, clinical trial  
artesunate: AD, drug administration  
artesunate: CB, drug combination  
artesunate: CR, drug concentration  
artesunate: DO, drug dose  
artesunate: IT, drug interaction  
artesunate: DT, drug therapy  
artesunate: IM, intramuscular drug administration  
artesunate: IV, intravenous drug administration  
artesunate: PO, oral drug administration  
artesunate: PA, parenteral drug administration  
artesunate: PR, pharmaceuticals  
artesunate: PK, pharmacokinetics  
artesunate: RC, rectal drug administration  
artesunate plus mefloquine: CM, drug comparison  
artesunate plus mefloquine: DO, drug dose  
artesunate plus mefloquine: DT, drug therapy  
atovaquone: CM, drug comparison  
atovaquone: DT, drug therapy  
atovaquone: PK, pharmacokinetics  
atovaquone plus proguanil: CB, drug combination  
atovaquone plus proguanil: DT, drug therapy  
atovaquone plus proguanil: PE, pharmacoeconomics  
benflumetol: AE, adverse drug reaction  
benflumetol: CB, drug combination  
benflumetol: CM, drug comparison  
benflumetol: DT, drug therapy  
benflumetol: TO, drug toxicity  
benflumetol: PO, oral drug administration  
benflumetol: PR, pharmaceuticals  
benflumetol: PK, pharmacokinetics  
benflumetol: PD, pharmacology  
chloroquine: AE, adverse drug reaction  
chloroquine: CB, drug combination  
chloroquine: CM, drug comparison  
chloroquine: DO, drug dose  
chloroquine: IT, drug interaction  
chloroquine: DT, drug therapy  
chloroquine: TO, drug toxicity  
chloroquine: PO, oral drug administration  
chloroquine: PE, pharmacoeconomics  
chloroquine: PK, pharmacokinetics  
chloroquine: PD, pharmacology

Serial#: 1058277

chlorproguanil plus dapsone: CB, drug combination  
chlorproguanil plus dapsone: DT, drug therapy  
clindamycin: CB, drug combination  
clindamycin: DT, drug therapy  
dapsone: CB, drug combination  
dapsone: DT, drug therapy  
diazepam: DT, drug therapy  
dihydroartemisinin: DT, drug therapy  
dihydroartemisinin: PO, oral drug administration  
doxycycline: AE, adverse drug reaction  
doxycycline: AD, drug administration  
doxycycline: CB, drug combination  
doxycycline: CM, drug comparison  
doxycycline: CR, drug concentration  
doxycycline: DO, drug dose  
doxycycline: DT, drug therapy  
doxycycline: IV, intravenous drug administration  
doxycycline: PO, oral drug administration  
doxycycline: PR, pharmaceuticals  
doxycycline: PK, pharmacokinetics  
fansidar: AE, adverse drug reaction  
fansidar: CB, drug combination  
fansidar: DO, drug dose  
fansidar: DT, drug therapy  
fansidar: PR, pharmaceuticals  
fansidar: PE, pharmacoeconomics  
fansidar: PK, pharmacokinetics  
halofantrine: AE, adverse drug reaction  
halofantrine: CM, drug comparison  
halofantrine: IT, drug interaction  
halofantrine: DT, drug therapy  
halofantrine: TO, drug toxicity  
halofantrine: PK, pharmacokinetics  
mefloquine: AE, adverse drug reaction  
mefloquine: CB, drug combination  
mefloquine: CM, drug comparison  
mefloquine: CR, drug concentration  
mefloquine: IT, drug interaction  
mefloquine: DT, drug therapy  
mefloquine: TO, drug toxicity  
mefloquine: PR, pharmaceuticals  
mefloquine: PK, pharmacokinetics  
    piperazine: CB, drug combination  
    piperazine: DT, drug therapy  
primaquine: AE, adverse drug reaction  
primaquine: CB, drug combination  
primaquine: CR, drug concentration  
primaquine: DO, drug dose  
primaquine: DT, drug therapy  
primaquine: TO, drug toxicity  
primaquine: PR, pharmaceuticals  
primaquine: PK, pharmacokinetics  
    primaquine: ED, pharmacology  
proguanil: CB, drug combination  
proguanil: DT, drug therapy  
pyrimethamine: AE, adverse drug reaction  
pyrimethamine: AD, drug administration  
pyrimethamine: CB, drug combination  
pyrimethamine: CR, drug concentration  
pyrimethamine: DO, drug dose

Serial#: 1058277

pyrimethamine: DT, drug therapy  
pyrimethamine: IM, intramuscular drug administration  
pyrimethamine: PO, oral drug administration  
pyrimethamine: PR, pharmaceuticals  
pyrimethamine: PK, pharmacokinetics  
pyrimethamine: PD, pharmacology  
quinine: AE, adverse drug reaction  
quinine: AD, drug administration  
quinine: CB, drug combination  
quinine: CM, drug comparison  
quinine: CR, drug concentration  
quinine: DO, drug dose  
quinine: IT, drug interaction  
quinine: DT, drug therapy  
quinine: IM, intramuscular drug administration  
quinine: IV, intravenous drug administration  
quinine: PO, oral drug administration  
quinine: PA, parenteral drug administration  
quinine: PR, pharmaceuticals  
quinine: PK, pharmacokinetics  
quinine: PD, pharmacology  
sulfadoxine: AE, adverse drug reaction  
sulfadoxine: CB, drug combination  
sulfadoxine: CR, drug concentration  
sulfadoxine: DT, drug therapy  
sulfadoxine: PO, oral drug administration  
sulfadoxine: PR, pharmaceuticals  
sulfadoxine: PK, pharmacokinetics  
sulfadoxine: PD, pharmacology  
tetracycline: AE, adverse drug reaction  
tetracycline: CB, drug combination  
tetracycline: CM, drug comparison  
tetracycline: DT, drug therapy  
tetracycline: PK, pharmacokinetics  
unclassified drug  
unindexed drug

SUPPLEMENTARY TERM: Amodiaquine; Artemisinin combination therapies;  
Chloroquine; Malaria; Mefloquine; Ovale and malariae;  
Plasmodium falciparum; Primaquine; Quinine;  
Sulfadoxine/pyrimethamine; Vivax

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6;  
(artemether) 71963-77-4; (artemether plus benflumetol)  
141204-94-6; (artemisinin) 63968-64-9; (artesunate)  
82864-68-4, 88495-63-0; (atovaquone) 94015-53-9,  
95233-18-4; (benflumetol) 82186-77-4; (chloroquine)  
132-73-0, 3545-67-3, 50-63-5, 54-05-7; (clindamycin)  
18323-44-9; (dapsone) 80-08-0; (diazepam) 439-14-5;  
(dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline)  
10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9;  
(halofantrine) 36167-63-2, 66051-63-6, 66051-74-9,  
66051-76-1, 69756-53-2; (mefloquine) 51773-92-3,  
53230-10-7; (piperazine) 4085-31-8; (primaquine) 90-34-6;  
(proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3,  
58-14-0; (quinine) 130-89-2, 130-95-0, 14358-44-2,  
549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine)  
2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: coartem

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ACCESSION NUMBER: 2008246864 EMBASE Full-text  
 TITLE: HIV and malaria co-infection: interactions and consequences of chemotherapy.  
 AUTHOR: Skinner-Adams, T.S. (correspondence); McCarthy, J.S.  
 CORPORATE SOURCE: University of Queensland, Brisbane, 4072, Australia.  
 tinaS@qimr.edu.au  
 AUTHOR: Skinner-Adams, T.S. (correspondence); McCarthy, J.S.;  
 Gardiner, D.L.; Andrews, K.T.  
 CORPORATE SOURCE: Queensland Institute of Medical Research, Australian Centre  
 for International and Tropical Health, Herston, QLD 4006,  
 Australia. tinaS@qimr.edu.au  
 SOURCE: Trends in Parasitology, (Jun 2008) Vol. 24, No. 6, pp.  
 264-271.  
 Refs: 74  
 ISSN: 1471-4922 CODEN: TPRACT  
 PUBLISHER IDENT.: S 1471-4922(08)00097-4  
 COUNTRY: United Kingdom  
 DOCUMENT TYPE: Journal; General Review; (Review)  
 FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
 030 Clinical and Experimental Pharmacology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 004 Microbiology: Bacteriology, Mycology, Parasitology  
 and Virology  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English  
 ENTRY DATE: Entered STN: 18 Jun 2008  
 Last Updated on STN: 18 Jun 2008  
 ABSTRACT: The global epidemiology of HIV/AIDS and malaria overlap because a significant number of HIV-infected individuals live in regions with different levels of malaria transmission. Although the consequences of co-infection with HIV and malaria parasites are not fully understood, available evidence suggests that the infections act synergistically and together result in worse outcomes. The importance of understanding chemotherapeutic interactions during malaria and HIV co-infection is now being recognized. We know that some antimalarial drugs have weak antiretroviral effects; however, recent studies have also demonstrated that certain antiretroviral agents can inhibit malaria-parasite growth. Here, we discuss recent findings on the impact of HIV/AIDS and malaria co-infection and the possible roles of chemotherapy in improving the treatment of these diseases. .COPYRG. 2008 Elsevier Ltd. All rights reserved.  
 CONTROLLED TERM: Medical Descriptors:  
 \*acquired immune deficiency syndrome: DR, drug resistance  
 \*acquired immune deficiency syndrome: DT, drug therapy  
 \*acquired immune deficiency syndrome: EP, epidemiology  
 bone marrow suppression: CO, complication  
 bone marrow suppression: ET, etiology  
 bone marrow suppression: SI, side effect  
 clinical practice  
 combination chemotherapy  
 comorbidity  
 drug efficacy  
 drug metabolism  
 \*highly active antiretroviral therapy  
 human  
 Human immunodeficiency virus infected patient  
 \*Human immunodeficiency virus infection: DR, drug  
 resistance  
 \*Human immunodeficiency virus infection: DT, drug therapy  
 \*Human immunodeficiency virus infection: EP, epidemiology

immunomodulation  
incidence  
infection risk  
liver toxicity: CO, complication  
liver toxicity: ET, etiology  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
\*malaria: PC, prevention  
malaria control  
neutropenia: CO, complication  
neutropenia: ET, etiology  
neutropenia: SI, side effect  
nonhuman  
opportunistic infection: DT, drug therapy  
practice guideline  
review  
world health organization  
Drug Descriptors:  
abacavir: DT, drug therapy  
abacavir: PK, pharmacokinetics  
abacavir: PD, pharmacology  
amodiaquine: CB, drug combination  
amodiaquine: IT, drug interaction  
amodiaquine: DT, drug therapy  
amodiaquine: PK, pharmacokinetics  
amodiaquine: PD, pharmacology  
\*antimalarial agent: IT, drug interaction  
\*antimalarial agent: DT, drug therapy  
\*antimalarial agent: PK, pharmacokinetics  
\*antimalarial agent: PD, pharmacology  
\*antiretrovirus agent: IT, drug interaction  
\*antiretrovirus agent: DT, drug therapy  
\*antiretrovirus agent: PK, pharmacokinetics  
\*antiretrovirus agent: PD, pharmacology  
\*artemisinin: IT, drug interaction  
\*artemisinin: DT, drug therapy  
\*artemisinin: PK, pharmacokinetics  
artesunate: CB, drug combination  
artesunate: IT, drug interaction  
artesunate: DT, drug therapy  
artesunate: PK, pharmacokinetics  
atazanavir: IT, drug interaction  
atazanavir: DT, drug therapy  
atazanavir: PK, pharmacokinetics  
atazanavir: PD, pharmacology  
chloroquine: CB, drug combination  
chloroquine: IT, drug interaction  
chloroquine: DT, drug therapy  
chloroquine: PK, pharmacokinetics  
chloroquine: PD, pharmacology  
cotrimoxazole: IT, drug interaction  
cotrimoxazole: DT, drug therapy  
cotrimoxazole: PK, pharmacokinetics  
cotrimoxazole: PD, pharmacology  
darunavir: IT, drug interaction  
darunavir: DT, drug therapy  
darunavir: PK, pharmacokinetics  
darunavir: PD, pharmacology  
efavirenz: IT, drug interaction

CONTROLLED TERM:

efavirenz: DT, drug therapy  
 efavirenz: PK, pharmacokinetics  
 efavirenz: PD, pharmacology  
 emtricitabine: DT, drug therapy  
 emtricitabine: PK, pharmacokinetics  
 emtricitabine: PD, pharmacology  
 lamivudine: DT, drug therapy  
 lamivudine: PK, pharmacokinetics  
 lamivudine: PD, pharmacology  
 lopinavir: IT, drug interaction  
 lopinavir: DT, drug therapy  
 lopinavir: PK, pharmacokinetics  
 lopinavir: PD, pharmacology  
 mefloquine: CB, drug combination  
 mefloquine: IT, drug interaction  
 mefloquine: DT, drug therapy  
 mefloquine: PK, pharmacokinetics  
 mefloquine: PD, pharmacology  
 nevirapine: IT, drug interaction  
 nevirapine: DT, drug therapy  
 nevirapine: PK, pharmacokinetics  
 nevirapine: PD, pharmacology  
     piperazine: IT, drug interaction  
     piperazine: DT, drug therapy  
     piperazine: PK, pharmacokinetics  
     piperazine: PD, pharmacology  
     primaquine: DT, drug therapy  
     primaquine: PK, pharmacokinetics  
     primaquine: PD, pharmacology  
 \*protease inhibitor: IT, drug interaction  
 \*protease inhibitor: DT, drug therapy  
 \*protease inhibitor: PK, pharmacokinetics  
 \*protease inhibitor: PD, pharmacology  
 pyrimethamine: CB, drug combination  
 pyrimethamine: IT, drug interaction  
 pyrimethamine: DT, drug therapy  
 quinine: IT, drug interaction  
 quinine: DT, drug therapy  
 quinine: PK, pharmacokinetics  
 \*ritonavir: IT, drug interaction  
 \*ritonavir: DT, drug therapy  
 \*ritonavir: PK, pharmacokinetics  
 \*ritonavir: PD, pharmacology  
 RNA directed DNA polymerase inhibitor: DT, drug therapy  
 RNA directed DNA polymerase inhibitor: PK, pharmacokinetics  
 RNA directed DNA polymerase inhibitor: PD, pharmacology  
 \*saquinavir: IT, drug interaction  
 \*saquinavir: DT, drug therapy  
 \*saquinavir: PK, pharmacokinetics  
 stavudine: DT, drug therapy  
 stavudine: PK, pharmacokinetics  
 stavudine: PD, pharmacology  
 sulfadoxine: CB, drug combination  
 sulfadoxine: IT, drug interaction  
 sulfadoxine: DT, drug therapy  
 tenofovir: DT, drug therapy  
 tenofovir: PK, pharmacokinetics  
 tenofovir: PD, pharmacology  
 tipranavir: IT, drug interaction  
 tipranavir: DT, drug therapy

Serial#: 1058277

tipranavir: PK, pharmacokinetics  
tipranavir: PD, pharmacology  
unindexed drug  
zidovudine: AE, adverse drug reaction  
zidovudine: IT, drug interaction  
zidovudine: DT, drug therapy  
zidovudine: PK, pharmacokinetics  
zidovudine: PD, pharmacology

CAS REGISTRY NO.:  
(abacavir) 136470-78-5, 188062-50-2; (amodiaquine) 69-44-3,  
86-42-0; (artemisinin) 63968-64-9; (artesunate) 82864-68-4,  
88495-63-0; (atazanavir) 198904-31-3; (chloroquine)  
132-73-0, 3545-67-3, 50-63-5, 54-05-7; (cotrimoxazole)  
8064-90-2; (darunavir) 206361-99-1; (efavirenz)  
154598-52-4; (emtricitabine) 137530-41-7, 143491-54-7,  
143491-57-0; (lamivudine) 134678-17-4, 134680-32-3;  
(lopinavir) 192725-17-0; (mefloquine) 51773-92-3,  
53230-10-7; (nevirapine) 129618-40-2; (piperazine)  
4085-31-8; (primaquine) 90-34-6; (proteinase inhibitor)  
37205-61-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine)  
130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5,  
60-93-5, 7549-43-1; (ritonavir) 155213-67-5; (saquinavir)  
127779-20-8, 149845-06-7; (stavudine) 3056-17-5;  
(sulfadoxine) 2447-57-6; (tenofovir) 147127-19-3,  
147127-20-6; (tipranavir) 174484-41-4; (zidovudine)  
30516-87-1

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ACCESSION NUMBER: 2008077520 EMBASE Full-text  
TITLE: The fight against drug-resistant malaria: Novel plasmodial targets and antimalarial drugs.  
AUTHOR: Choi, Seung-Ryoung; Mukherjee, Prasenjit; Avery, Mitchell A. (correspondence)  
CORPORATE SOURCE: Department of Medicinal Chemistry, School of Pharmacy, University of Mississippi, University, MS 38677, United States. mavery@olemiss.edu  
AUTHOR: Avery, Mitchell A. (correspondence)  
CORPORATE SOURCE: Department of Chemistry, University of Mississippi, University, MS 38677, United States. mavery@olemiss.edu  
SOURCE: Current Medicinal Chemistry, (Jan 2008) Vol. 15, No. 2, pp. 161-171.  
Refs: 174  
ISSN: 0929-8673 CODEN: CMCHE7  
COUNTRY: Netherlands  
DOCUMENT TYPE: Journal, General Review; (Review)  
FILE SEGMENT: 036 Health Policy, Economics and Management  
037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 3 Mar 2008  
Last Updated on STN: 3 Mar 2008

ABSTRACT: Malaria, one of the major reemerging parasitic diseases, is caused by protozoal parasites belonging to the genus plasmodia. Antimalarial drugs have played a mainstream role in controlling the spread of malaria through the treatment of patients infected with the plasmodial parasites and controlling its transmissibility. The current line of therapy against malaria is faced with the hurdles of a low or total lack of efficacy due to the evolution of drug-resistant strains of the malarial parasites. Preventive vaccination

against malaria is an ideal solution to this problem but is not expected to arrive for at least a decade. Development of antimalarial drugs involving novel mechanisms of action is therefore of imminent importance. Several novel drug candidates of synthetic and natural products origin as well as their combination therapies are currently being evaluated for their efficacy against the drug-resistant strains of the parasites. Various plasmodial targets/ pathways, such as the Purine salvage pathway, Pyrimidine biosynthesis pathway as well as the processes in the apicoplast, have been identified and are being utilized for the discovery and development of novel antimalarial therapies. This review provides an overview of the latest developments in terms of drugs, combination therapies and bovel plasmodial targets being carried out to counter the menace of drug-resistant malaria. .COPYRGIT. 2008 Bentham Science Publishers Ltd.

CONTROLLED TERM: Medical Descriptors:  
 apicoplast  
 clinical trial  
 combination chemotherapy  
 disease transmission  
 drug cost  
 drug design  
 drug efficacy  
 drug mechanism  
 drug structure  
 drug targeting  
 human  
 infection control  
 \*malaria: DR, drug resistance  
 \*malaria: DT, drug therapy  
 monotherapy  
 Plasmodium  
 pyrimidine synthesis  
 review  
 vaccination

CONTROLLED TERM: Drug Descriptors:  
 amodiaquine: DT, drug therapy  
 amodiaquine: PD, pharmacology  
 \*antimalarial agent: CB, drug combination  
 \*antimalarial agent: DT, drug therapy  
 artemether: AN, drug analysis  
 artemether: DT, drug therapy  
 artemether: PD, pharmacology  
 artemisinin: AN, drug analysis  
 artemisinin: DT, drug therapy  
 artemisinin: PD, pharmacology  
 artesunate: DT, drug therapy  
 artesunate: PD, pharmacology  
 atovaquone: AN, drug analysis  
 atovaquone: DT, drug therapy  
 atovaquone: PE, pharmacoeconomics  
 atovaquone: PD, pharmacology  
 azithromycin: AN, drug analysis  
 azithromycin: CB, drug combination  
 azithromycin: DT, drug therapy  
 azithromycin: PD, pharmacology  
 chloroquine: DT, drug therapy  
 chloroquine: PD, pharmacology  
 chlorproguanil: DT, drug therapy  
 chlorproguanil: PD, pharmacology  
 clindamycin: CB, drug combination

Serial#: 1058277

clindamycin: DT, drug therapy  
clindamycin: PD, pharmacology  
dapsone: DT, drug therapy  
dapsone: PD, pharmacology  
diamidine derivative: CT, clinical trial  
diamidine derivative: DT, drug therapy  
diamidine derivative: PD, pharmacology  
doxycycline: CB, drug combination  
doxycycline: DT, drug therapy  
doxycycline: PD, pharmacology  
fansidar: DT, drug therapy  
fansidar: PD, pharmacology  
fosmidomycin: AN, drug analysis  
fosmidomycin: CB, drug combination  
fosmidomycin: DT, drug therapy  
fosmidomycin: PD, pharmacology  
mefloquine: DT, drug therapy  
mefloquine: PD, pharmacology  
metakelfin: DT, drug therapy  
metakelfin: PD, pharmacology  
minocycline: CB, drug combination  
minocycline: DT, drug therapy  
minocycline: PD, pharmacology  
pafuramidine: CT, clinical trial  
pafuramidine: DT, drug therapy  
pafuramidine: PD, pharmacology  
    piperazine: DT, drug therapy  
    piperazine: PD, pharmacology  
    primaquine: DT, drug therapy  
    primaquine: PD, pharmacology  
proguanil: DT, drug therapy  
proguanil: PD, pharmacology  
purine  
pyrimethamine: DT, drug therapy  
pyrimethamine: PD, pharmacology  
pyrimidine  
quinine: CB, drug combination  
quinine: DT, drug therapy  
quinine: PD, pharmacology  
rifampicin: DT, drug therapy  
rifampicin: PD, pharmacology  
sulfadoxine: DT, drug therapy  
sulfadoxine: PD, pharmacology  
tetracycline: CB, drug combination  
tetracycline: DT, drug therapy  
tetracycline: PD, pharmacology  
unindexed drug  
(amodiaquine) 69-44-3, 86-42-0; (artemether) 71963-77-4;  
(artemisinin) 63968-64-9; (artesunate) 82864-68-4,  
88495-63-0; (atovaquone) 94015-53-9, 95233-18-4;  
(azithromycin) 83905-01-5; (chloroquine) 132-73-0,  
3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3;  
(clindamycin) 18323-44-9; (dapsone) 80-08-0; (doxycycline)  
10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9;  
(fosmidomycin) 66508-37-0, 66508-53-0; (mefloquine)  
51773-92-3, 53230-10-7; (metakelfin) 81247-66-7;  
(minocycline) 10118-90-8, 11006-27-2, 13614-98-7;  
(pafuramidine) 186953-56-0; (piperazine) 4085-31-8;  
(primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1;  
(purine) 120-73-0; (pyrimethamine) 53640-38-3, 58-14-0;

CAS REGISTRY NO.:

Serial#: 1058277

(pyrimidine) 289-95-2; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(rifampicin) 13292-46-1; (sulfadoxine) 2447-57-6;  
(tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: db 289

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ACCESSION NUMBER: 2008473241 EMBASE Full-text  
TITLE: Antimalarial drugs - What is in use and what is in the pipeline.  
AUTHOR: Schlitzer, Martin (correspondence)  
CORPORATE SOURCE: Philipps-Universität, Institut für Pharmazeutische Chemie, Marbacher Weg 6, D-35032 Marburg, Germany. martin.schlitzer@staff.uni-marburg.de  
SOURCE: Archiv der Pharmazie, (March 2008) Vol. 341, No. 3, pp. 149-163.  
Refs: 196  
ISSN: 0365-6233 E-ISSN: 1521-4184 CODEN: ARPMAS  
PUBLISHER: Wiley-VCH Verlag, P.O. Box 101161, Weinheim, D-69451, Germany.  
COUNTRY: Germany  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
030 Clinical and Experimental Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 12 Nov 2008  
Last Updated on STN: 12 Nov 2008

ABSTRACT: Malaria continues to be a potentially fatal threat to almost half of the world's population. In light of this threat, the armory to fight this disease is rather limited. Resistance against the most common and affordable antimalarials is widespread. Only few new drugs are in clinical development, most of them belong to long used classes of antimalarial drugs. This review will concisely cover the drugs which are currently in use, and describe the drug candidates which are in clinical evaluation. .COPYRG. 2008 Wiley-VCH Verlag GmbH & Co. KGaA.

CONTROLLED TERM: Medical Descriptors:  
agranulocytosis: SI, side effect  
antibiotic resistance  
antibiotic sensitivity  
antimalarial activity  
blood pressure  
clinical trial  
depression: SI, side effect  
drug efficacy  
drug mechanism  
drug potentiation  
drug safety  
drug screening  
drug structure  
drug synthesis  
drug tolerability  
drug treatment failure  
heart arrhythmia: SI, side effect  
hemolysis: SI, side effect

human  
hypoglycemia: SI, side effect  
IC 50  
insomnia: SI, side effect  
liver toxicity: SI, side effect  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
\*malaria: ET, etiology  
\*malaria: PC, prevention  
monotherapy  
mortality  
nonhuman  
panic: SI, side effect  
Plasmodium  
priority journal  
QT prolongation: SI, side effect  
review  
side effect: SI, side effect  
Stevens Johnson syndrome: SI, side effect  
toxic epidermal necrolysis: SI, side effect  
unspecified side effect: SI, side effect

CONTROLLED TERM:

Drug Descriptors:  
2,5 bis(4 amidinophenyl)furan  
3 (n acetyl n hydroxyamino)propylphosphonic acid  
amodiaquine: AE, adverse drug reaction  
amodiaquine: AN, drug analysis  
amodiaquine: CB, drug combination  
amodiaquine: DT, drug therapy  
\*antimalarial agent: DT, drug therapy  
aq 13  
artemether: AN, drug analysis  
artemether: IT, drug interaction  
artemether: DT, drug therapy  
artemether: PO, oral drug administration  
artemether: PK, pharmacokinetics  
artemether: PD, pharmacology  
artemether plus benflumetol: DT, drug therapy  
    artemisinin derivative: AN, drug analysis  
    artemisinin derivative: DT, drug therapy  
    artemisinin derivative: PK, pharmacokinetics  
    artemisinin derivative: PD, pharmacology  
artesunate: CT, clinical trial  
artesunate: AN, drug analysis  
artesunate: CB, drug combination  
artesunate: DT, drug therapy  
artesunate: IM, intramuscular drug administration  
artesunate: IV, intravenous drug administration  
artesunate: PO, oral drug administration  
artesunate: PK, pharmacokinetics  
artesunate: PD, pharmacology  
artesunate: RC, rectal drug administration  
atovaquone: IT, drug interaction  
atovaquone: DT, drug therapy  
atovaquone: PD, pharmacology  
atovaquone plus proguanil: AE, adverse drug reaction  
atovaquone plus proguanil: DT, drug therapy  
atovaquone plus proguanil: PD, pharmacology  
benflumetol: IT, drug interaction  
benflumetol: DT, drug therapy

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benflumetol: PO, oral drug administration  
chlorcycloguanil: AN, drug analysis  
chlorcycloguanil: PD, pharmacology  
chloroquine: AN, drug analysis  
chloroquine: CB, drug combination  
chloroquine: DT, drug therapy  
chlorproguanil: CB, drug combination  
chlorproguanil: IT, drug interaction  
chlorproguanil: DT, drug therapy  
chlorproguanil plus dapsone: AN, drug analysis  
chlorproguanil plus dapsone: DT, drug therapy  
clindamycin: CB, drug combination  
clindamycin: DT, drug therapy  
clindamycin: PK, pharmacokinetics  
cycloguanil: AN, drug analysis  
cycloguanil: PD, pharmacology  
dapsone: CB, drug combination  
dapsone: DT, drug therapy  
dapsone: PD, pharmacology  
dihydroartemisinin plus piperazine: CT, clinical trial  
dihydroartemisinin plus piperazine: DT, drug therapy  
doxycycline: CB, drug combination  
doxycycline: DT, drug therapy  
euartekin  
fansidar: AE, adverse drug reaction  
fansidar: CB, drug combination  
fansidar: DT, drug therapy  
gw 308678  
gw 844520  
halofantrine: AE, adverse drug reaction  
halofantrine: DT, drug therapy  
isq 1  
lapdap+  
lithyronine  
mefloquine: AE, adverse drug reaction  
mefloquine: AN, drug analysis  
mefloquine: CB, drug combination  
mefloquine: DT, drug therapy  
oz 277  
pafuramide  
    piperazine: AE, adverse drug reaction  
    piperazine: DT, drug therapy  
    primaquine: AE, adverse drug reaction  
    primaquine: AN, drug analysis  
    primaquine: DT, drug therapy  
proguanil: AN, drug analysis  
proguanil: IT, drug interaction  
proguanil: PD, pharmacology  
pyramax  
pyrimethamine: CB, drug combination  
pyrimethamine: DT, drug therapy  
pyrimethamine: PD, pharmacology  
pyronaridine: CT, clinical trial  
pyronaridine: AN, drug analysis  
pyronaridine: CB, drug combination  
pyronaridine: DT, drug therapy  
pyronaridine: IV, intravenous drug administration  
quinine: AE, adverse drug reaction  
quinine: CB, drug combination  
quinine: DT, drug therapy

Serial#: 1058277

quinine: IV, intravenous drug administration  
ssr 97193  
sulfadoxine: CB, drug combination  
sulfadoxine: DT, drug therapy  
sulfadoxine: PD, pharmacology  
tafenoquine  
tetracycline: CB, drug combination  
tetracycline: DT, drug therapy  
unclassified drug  
unindexed drug

SUPPLEMENTARY TERM: Antimicrobial activity; Chemotherapy; Malaria  
CAS REGISTRY NO.: (3 (n acetyl n hydroxyamino)propylphosphonic acid)  
66508-32-5; (amodiaquine) 69-44-3, 86-42-0; (artemether)  
71963-77-4; (artemether plus benflumetol) 141204-94-6;  
(artesunate) 82864-68-4, 88495-63-0; (atovaquone)  
94015-53-9, 95233-18-4; (benflumetol) 82186-77-4;  
(chlorcycloguanil) 152-53-4; (chloroquine) 132-73-0,  
3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3;  
(clindamycin) 18323-44-9; (cycloguanil) 516-21-2; (dapsone)  
80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0;  
(fansidar) 37338-39-9; (halofantrine) 36167-63-2,  
66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2;  
(lithothyronine) 6138-47-2, 6893-02-3; (mefloquine)  
51773-92-3, 53230-10-7; (pafuramidine) 186953-56-0;  
(piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil)  
500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0;  
(pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(sulfadoxine) 2447-57-6; (tafenoquine) 106635-80-7,  
106635-81-8; (tetracycline) 23843-90-5, 60-54-8, 64-75-5  
CHEMICAL NAME: aq 13; camoquin; coartem; db 289; db 75; euaertekin;  
fansidar; fr 900098; gw 308678; gw 844520; isq 1; lapdap;  
lapdap+; malarone; oz 277; pyramax; riamet; ssr 97193; t 3;  
wr 238605

L142 ANSWER 13 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 2007153159 EMBASE Full-text  
TITLE: The manzamines as an example of the unique structural  
classes available for the discovery and optimization of  
infectious disease controls based on marine natural  
products.  
AUTHOR: Hamann, Mark T. (correspondence)  
CORPORATE SOURCE: Department of Pharmacognosy, The National Center for  
Natural Products Research, The University of Mississippi,  
407 Faser Hall, University, MS 38677, United States.  
mthamann@olemiss.edu  
AUTHOR: Hamann, Mark T. (correspondence)  
CORPORATE SOURCE: Department of Pharmacognosy, The Center for the Development  
of Natural Products, The University of Mississippi, 407  
Faser Hall, University, MS 38677, United States. mthamann@olemiss.edu  
SOURCE: Current Pharmaceutical Design, (Feb 2007) Vol. 13, No. 6,  
pp. 653-660.  
Refs: 51  
ISSN: 1381-6128 CODEN: CPDEFP  
COUNTRY: Netherlands  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 030 Clinical and Experimental Pharmacology  
036 Health Policy, Economics and Management

Serial#: 1058277

037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology

LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 2 May 2007  
Last Updated on STN: 2 May 2007

ABSTRACT: Natural products have served humankind as drug leads for thousands of years. In the last century natural products have not only served as drugs but have inspired the generation of countless synthetic drugs and drug-leads around natural product pharmacophores. There are no disease targets for which natural products have played a more significant role than in the case of malaria and other parasitic diseases. In this review the significance of the manzamine class of marine alkaloids is presented as an example of the future utility of the oceans in the development of antiparasitics. The manzamines represent one of the few new structural classes identified in recent decades with potential for the control of malaria and tuberculosis. While considerable work remains to successfully optimize this class of drug-leads the novel pharmacophore and significant metabolic stability combined with a rapid onset of action and long half-life all strongly support further investigations of this group of potential drug candidates. .COPYRGHT. 2007 Bentham Science Publishers Ltd.

CONTROLLED TERM: Medical Descriptors:  
combination chemotherapy  
cost effectiveness analysis  
drug classification  
drug half life  
drug identification  
drug mechanism  
drug metabolism  
drug research  
drug stability  
drug structure  
drug targeting  
infection control  
malaria: DM, disease management  
malaria: DR, drug resistance  
malaria: DT, drug therapy  
multidrug resistance  
nonhuman  
parasitosis  
pharmacophore  
priority journal  
process optimization  
product development  
review  
sea  
tuberculosis: DT, drug therapy  
Drug Descriptors:  
\*alkaloid: AN, drug analysis  
\*alkaloid: PK, pharmacokinetics  
\*alkaloid: PD, pharmacology  
amodiaquine: AN, drug analysis  
antifungal agent  
antimalarial agent: DT, drug therapy  
antimalarial agent: PE, pharmacoeconomics  
antinematodal agent  
antineoplastic agent  
antiparasitic agent: DV, drug development

CONTROLLED TERM:

Serial#: 1058277

artemisinin: AN, drug analysis  
artemisinin: DT, drug therapy  
artesunate: DT, drug therapy  
artesunate: PE, pharmacoeconomics  
atovaquone: AN, drug analysis  
benflumetol: DT, drug therapy  
chloroquine: AN, drug analysis  
chloroquine: DT, drug therapy  
chloroquine: PE, pharmacoeconomics  
chlorproguanil plus dapsone: AN, drug analysis  
chlorproguanil plus dapsone: DT, drug therapy  
fansidar: AN, drug analysis  
fansidar: DT, drug therapy  
fansidar: PE, pharmacoeconomics  
halofantrine: AN, drug analysis  
indole alkaloid: DV, drug development  
\*manzamine derivative: AN, drug analysis  
\*manzamine derivative: PK, pharmacokinetics  
\*manzamine derivative: PD, pharmacology  
mefloquine: AN, drug analysis  
mefloquine: DT, drug therapy  
natural product: AN, drug analysis  
natural product: DV, drug development  
natural product: PK, pharmacokinetics  
natural product: PD, pharmacology  
patellamide a: AN, drug analysis  
patellamide a: DV, drug development  
patellamide a: PD, pharmacology  
patellamide c: AN, drug analysis  
patellamide c: DV, drug development  
patellamide c: PD, pharmacology  
patellamide derivative: AN, drug analysis  
patellamide derivative: DV, drug development  
patellamide derivative: PD, pharmacology  
piperazine: DT, drug therapy  
primaquine: AN, drug analysis  
proguanil: AN, drug analysis  
pyronaridine: DT, drug therapy  
quinine: AN, drug analysis  
quinine: DT, drug therapy  
rifampicin: AN, drug analysis  
rifampicin: PD, pharmacology  
tuberculostatic agent  
unindexed drug

CAS REGISTRY NO.:  
(amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9;  
(artesunate) 82864-68-4, 88495-63-0; (atovaquone)  
94015-53-9, 95233-18-4; (benflumetol) 82186-77-4;  
(chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7;  
(fansidar) 37338-39-9; (halofantrine) 36167-63-2,  
66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2;  
(mefloquine) 51773-92-3, 53230-10-7; (piperazine)  
4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5,  
637-32-1; (pyronaridine) 74847-35-1; (quinine) 130-89-2,  
130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5,  
7349-43-1; (rifampicin) 13292-46-1

L142 ANSWER 14 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN  
ACCESSION NUMBER: 2008102718 EMBASE Full-text  
TITLE: Assessment of safety of the major antimalarial drugs.

Serial#: 1058277

AUTHOR: Chattopadhyay, Rana; Mahajan, Babita  
CORPORATE SOURCE: Sanaria, Inc., Rockville, MD 20852, United States.  
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CORPORATE SOURCE: Center for Biologics Evaluation and Research, Division of  
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Sanjai.kumar@fda.hhs.gov  
SOURCE: Expert Opinion on Drug Safety, (Sep 2007) Vol. 6, No. 5,  
pp. 505-521.  
Refs: 243  
ISSN: 1474-0338 CODEN: EODSA9  
COUNTRY: United Kingdom  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 030 Clinical and Experimental Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles  
004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology  
052 Toxicology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 12 Mar 2008  
Last Updated on STN: 12 Mar 2008  
ABSTRACT: Antimalarial drugs remain the major intervention tool for the global  
malaria control efforts that save millions of lives. Nonetheless, emergence  
and spread of Plasmodium parasites resistant against chloroquine and other  
major antimalarial drugs has brought the urgency to develop a new generation of  
safe and effective drugs against malaria. In this article, the safety data for  
major antimalarial drugs is reviewed. Although an ample amount of clinical  
data regarding the safety and tolerability of several of these drugs in older  
children and adults is available, more critical safety and tolerability studies  
in pregnant women and young children is desirable. To offset the partial loss  
in efficacy due to drug resistance in malaria parasites acquired against  
specific drugs, treatment regimens often rely upon the combination of two or  
more drugs. However, combination therapy requires additional safety, toxicity  
and tolerability studies in all population groups where these drugs are  
administered. A uniform standard in assessing the safety and tolerability of  
antimalarial drugs will be useful in the formulation and implementation of  
malaria treatment policies that are based on the drug effectiveness, safety and  
tolerability. .COPYRGT. 2007 Informa UK Ltd.

CONTROLLED TERM: Medical Descriptors:  
abdominal pain: SI, side effect  
abortion: SI, side effect  
acute brain disease: SI, side effect  
acute glomerulonephritis: SI, side effect  
agranulocytosis: SI, side effect  
anaphylaxis: SI, side effect  
antimalarial activity  
anxiety disorder: SI, side effect  
Asian  
atrioventricular conduction  
Barrett esophagus: SI, side effect  
blindness  
blood toxicity: SI, side effect  
blurred vision: SI, side effect  
bradycardia: SI, side effect  
brain pseudotumor: SI, side effect  
brain toxicity: SI, side effect  
cardiotoxicity: SI, side effect

Caucasian  
chronic hepatitis: SI, side effect  
clinical trial  
coma  
combination chemotherapy  
complete heart block: SI, side effect  
congenital malformation: CN, congenital disorder  
consciousness disorder  
convulsion: SI, side effect  
cross resistance  
cyanosis: SI, side effect  
diarrhea: SI, side effect  
disseminated intravascular clotting: SI, side effect  
dizziness: SI, side effect  
drug absorption  
drug accumulation  
drug blood level  
drug choice  
drug contraindication  
drug cost  
drug dose comparison  
drug efficacy  
drug excretion  
drug fatality: SI, side effect  
drug half life  
drug hypersensitivity: SI, side effect  
drug megadose  
drug overdose  
drug potency  
\*drug safety  
drug tolerability  
dysphoria: SI, side effect  
dyspnea: SI, side effect  
ECG abnormality: SI, side effect  
eosinophilia: SI, side effect  
erythema multiforme: SI, side effect  
erythroderma: SI, side effect  
esophagitis: SI, side effect  
ethnic difference  
face rash: SI, side effect  
fatigue: SI, side effect  
food  
food drug interaction  
gastrointestinal toxicity: SI, side effect  
granulomatous hepatitis: SI, side effect  
hallucination: SI, side effect  
headache: SI, side effect  
hearing impairment: SI, side effect  
heart atrium flutter: SI, side effect  
heart palpitation: SI, side effect  
heart ventricle arrhythmia: SI, side effect  
hemolysis: SI, side effect  
hemolytic uremic syndrome: SI, side effect  
human  
hypoglycemia: SI, side effect  
hypotension: SI, side effect  
insomnia: SI, side effect  
insulin release  
intravascular hemolysis: SI, side effect  
jaundice: SI, side effect

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leukopenia: SI, side effect  
lichen planus: SI, side effect  
lichenoid eruption: SI, side effect  
liver disease: SI, side effect  
liver granuloma: SI, side effect  
liver necrosis: SI, side effect  
liver toxicity: SI, side effect  
loading drug dose  
long term care  
lung disease: SI, side effect  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: PC, prevention  
malaria control  
malaria falciparum: SI, side effect  
megaloblastic anemia: SI, side effect  
mental disease: SI, side effect  
milk  
monotherapy  
mood disorder: SI, side effect  
mouth ulcer: SI, side effect  
muscle atrophy: SI, side effect  
muscle weakness: SI, side effect  
myocarditis: SI, side effect  
nausea: SI, side effect  
neurologic disease: SI, side effect  
neuromuscular disease: SI, side effect  
neurotoxicity: SI, side effect  
nightmare: SI, side effect  
nonhuman  
odynophagia: SI, side effect  
ototoxicity: SI, side effect  
pancreatitis: SI, side effect  
patient compliance  
photosensitivity: SI, side effect  
Plasmodium  
polyarthrititis: SI, side effect  
PR interval  
pruritus: SI, side effect  
psoriasis: SI, side effect  
psychosis: SI, side effect  
purpura: SI, side effect  
QRS complex  
QT prolongation: SI, side effect  
rash: SI, side effect  
recommended drug dose  
relapse: DT, drug therapy  
relapse: PC, prevention  
retina maculopathy: SI, side effect  
retinopathy: SI, side effect  
review  
sex difference  
side effect: SI, side effect  
single drug dose  
sinus arrhythmia: SI, side effect  
skin toxicity: SI, side effect  
sleep disorder: SI, side effect  
spontaneous abortion: SI, side effect  
Stevens Johnson syndrome: SI, side effect  
thrombocytopenia: SI, side effect

tinnitus: SI, side effect  
 toxic epidermal necrolysis: SI, side effect  
 toxic hepatitis: SI, side effect  
 unspecified side effect: SI, side effect  
 urticaria: SI, side effect  
 vasculitis: SI, side effect  
 vertigo: SI, side effect  
 visual impairment: SI, side effect  
 vomiting: SI, side effect  
 weakness: SI, side effect

CONTROLLED TERM:

Drug Descriptors:  
 amodiaquine: CB, drug combination  
 amodiaquine: DT, drug therapy  
 antibiotic agent: DT, drug therapy  
 \*antimalarial agent: CM, drug comparison  
 \*antimalarial agent: DT, drug therapy  
 arteether: DT, drug therapy  
 artemether: AE, adverse drug reaction  
 artemether: DT, drug therapy  
 artemether plus benflumetol: AE, adverse drug reaction  
 artemether plus benflumetol: CM, drug comparison  
 artemether plus benflumetol: DT, drug therapy  
     artemisinin: AE, adverse drug reaction  
     artemisinin: DT, drug therapy  
     artemisinin derivative: AE, adverse drug reaction  
     artemisinin derivative: DT, drug therapy  
     artemisinin derivative: TO, drug toxicity  
 artesunate: AE, adverse drug reaction  
 artesunate: CB, drug combination  
 artesunate: CM, drug comparison  
 artesunate: DT, drug therapy  
 atovaquone: AE, adverse drug reaction  
 atovaquone: CT, clinical trial  
 atovaquone: DT, drug therapy  
 atovaquone: PD, pharmacology  
 atovaquone plus proguanil: AE, adverse drug reaction  
 atovaquone plus proguanil: CM, drug comparison  
 atovaquone plus proguanil: IT, drug interaction  
 atovaquone plus proguanil: DT, drug therapy  
 atovaquone plus proguanil: PK, pharmacokinetics  
 atovaquone plus proguanil: PD, pharmacology  
 chloroquine: AE, adverse drug reaction  
 chloroquine: CB, drug combination  
 chloroquine: CM, drug comparison  
 chloroquine: DO, drug dose  
 chloroquine: DT, drug therapy  
 chloroquine: TO, drug toxicity  
 chloroquine: PK, pharmacokinetics  
 chloroquine: PD, pharmacology  
 chloroquine plus proguanil: AE, adverse drug reaction  
 chloroquine plus proguanil: CM, drug comparison  
 chloroquine plus proguanil: DT, drug therapy  
 clindamycin: AE, adverse drug reaction  
 clindamycin: CB, drug combination  
 clindamycin: DT, drug therapy  
 clindamycin: PA, parenteral drug administration  
 clindamycin: PK, pharmacokinetics  
 dihydroartemisinin: AE, adverse drug reaction  
 dihydroartemisinin: CM, drug comparison  
 dihydroartemisinin: DT, drug therapy

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dihydroartemisinin plus piperazine: AE, adverse drug reaction  
dihydroartemisinin plus piperazine: CM, drug comparison  
dihydroartemisinin plus piperazine: DT, drug therapy  
doxycycline: AE, adverse drug reaction  
doxycycline: CB, drug combination  
doxycycline: CM, drug comparison  
doxycycline: CR, drug concentration  
doxycycline: DT, drug therapy  
doxycycline: PK, pharmacokinetics  
fansidar: AE, adverse drug reaction  
fansidar: CB, drug combination  
fansidar: DO, drug dose  
fansidar: DT, drug therapy  
fansidar: TO, drug toxicity  
fansidar: PK, pharmacokinetics  
folic acid antagonist: DT, drug therapy  
folic acid antagonist: TO, drug toxicity  
halofantrine: AE, adverse drug reaction  
halofantrine: CM, drug comparison  
halofantrine: CR, drug concentration  
halofantrine: DO, drug dose  
halofantrine: IT, drug interaction  
halofantrine: DT, drug therapy  
halofantrine: PK, pharmacokinetics  
mefloquine: AE, adverse drug reaction  
mefloquine: CT, clinical trial  
mefloquine: CB, drug combination  
mefloquine: CM, drug comparison  
mefloquine: DO, drug dose  
mefloquine: DT, drug therapy  
mefloquine: PK, pharmacokinetics  
    piperazine: AE, adverse drug reaction  
    piperazine: CM, drug comparison  
    piperazine: DT, drug therapy  
placebo  
    primaquine: AE, adverse drug reaction  
    primaquine: DO, drug dose  
    primaquine: IT, drug interaction  
    primaquine: DT, drug therapy  
proguanil: AE, adverse drug reaction  
proguanil: CB, drug combination  
proguanil: DT, drug therapy  
pyrimethamine: AE, adverse drug reaction  
pyrimethamine: CB, drug combination  
pyrimethamine: CM, drug comparison  
pyrimethamine: DO, drug dose  
pyrimethamine: DT, drug therapy  
pyrimethamine: PK, pharmacokinetics  
pyrimethamine: PD, pharmacology  
quinine: AE, adverse drug reaction  
quinine: CT, clinical trial  
quinine: CB, drug combination  
quinine: CM, drug comparison  
quinine: CR, drug concentration  
quinine: DO, drug dose  
quinine: DT, drug therapy  
quinine: TO, drug toxicity  
quinine: IM, intramuscular drug administration  
quinine: IV, intravenous drug administration

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quinine: PO, oral drug administration  
quinine: PR, pharmaceuticals  
sulfonamide: AE, adverse drug reaction  
sulfonamide: CB, drug combination  
sulfonamide: CM, drug comparison  
sulfonamide: DT, drug therapy  
sulfonamide: PK, pharmacokinetics  
tetracycline: AE, adverse drug reaction  
tetracycline: CB, drug combination  
tetracycline: CM, drug comparison  
tetracycline: CR, drug concentration  
tetracycline: IT, drug interaction  
tetracycline: DT, drug therapy  
tetracycline: PO, oral drug administration  
tetracycline: PK, pharmacokinetics  
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6;  
(artemether plus benflumetol) 141204-94-6; (artemether)  
71963-77-4; (artemisinin) 63968-64-9; (artesunate)  
82864-68-4, 88495-63-0; (atovaquone) 94015-53-9,  
95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5,  
54-05-7; (clindamycin) 18323-44-9; (dihydroartemisinin)  
71939-50-9, 81496-81-3; (doxycycline) 10592-13-9,  
17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine)  
36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2;  
(mefloquine) 51773-92-3, 53230-10-7; (piperaquine)  
4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5,  
637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine)  
130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5,  
60-93-5, 7549-43-1; (tetracycline) 23843-90-5, 60-54-8,  
64-75-5

CHEMICAL NAME: (1) artekin; (2) coartem  
COMPANY NAME: (1) Chongqing Holley Holding; (2) Novartis

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ACCESSION NUMBER: 2007548802 EMBASE Full-text  
TITLE: Antimalarial drug toxicity: A review.  
AUTHOR: Alkadi, Hussien O., Prof. (correspondence)  
CORPORATE SOURCE: Faculty of Medicine and Health Sciences, Sana'a University, Sana'a, Yemen. hussien62@yahoo.com  
AUTHOR: Alkadi, Hussien O., Prof. (correspondence)  
CORPORATE SOURCE: Faculty of Medicine, Sana'a University, PO Box 13276, Sana'a, Yemen. hussien62@yahoo.com  
SOURCE: Chemotherapy, (Nov 2007) Vol. 53, No. 6, pp. 385-391.  
Refs: 43  
ISSN: 0009-3157 CODEN: CHTHBK  
COUNTRY: Switzerland  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 030 Clinical and Experimental Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 29 Nov 2007  
Last Updated on STN: 29 Nov 2007

ABSTRACT: Antimalarial drug toxicity is viewed differently depending upon whether the clinical indication is for malaria treatment or prophylaxis. In

the treatment of *Plasmodium falciparum* malaria, which has a high mortality if untreated, a greater risk of adverse reactions to antimalarial drugs is inevitable. As chloroquine resistance has become widespread, alternative agents may be used in treatment regimens, however, the toxicity of these antimalarial agents should be considered. Quinine is the mainstay for treating severe malaria due to its rare cardiovascular or CNS toxicity, but its hypoglycemic effect may be problematic. Mefloquine can cause dose-related serious neuropsychiatric toxicity and pyrimethamine-dapsone is associated with agranulocytosis, especially if the recommended dose is exceeded. Pyrimethamine-sulfadoxine and amodiaquine are associated with a relatively high incidence of potentially fatal reactions, and are no longer recommended for prophylaxis. Atovaquone/proguanil is an antimalarial combination with good efficacy and tolerability as prophylaxis and for treatment. The artemisinin derivatives have remarkable efficacy and an excellent safety record. Prescribing in pregnancy is a particular problem for clinicians because the risk-benefit ratio is often very unclear. Copyright .COPYRGT. 2007 S. Karger AG.

CONTROLLED TERM: Medical Descriptors:  
 abdominal pain: SI, side effect  
 agranulocytosis: SI, side effect  
 aminotransferase blood level  
 amylase blood level  
 anorexia: SI, side effect  
 anxiety  
 aphthous ulcer: SI, side effect  
 blindness: SI, side effect  
 brain toxicity: SI, side effect  
 cardiotoxicity: SI, side effect  
 central nervous system depression  
 depression: SI, side effect  
 dermatitis: SI, side effect  
 diarrhea: SI, side effect  
 dizziness: SI, side effect  
 drug effect  
 drug efficacy  
 drug safety  
 drug tolerability  
 drug withdrawal  
 dysphoria: SI, side effect  
 erythema multiforme: SI, side effect  
 esophagus ulcer: SI, side effect  
 eye toxicity: SI, side effect  
 fever: SI, side effect  
 folic acid deficiency: SI, side effect  
 gastrointestinal symptom: SI, side effect  
 gastrointestinal toxicity: SI, side effect  
 granulocytopenia: SI, side effect  
 granulocytosis: SI, side effect  
 hallucination: SI, side effect  
 headache: SI, side effect  
 hearing impairment: SI, side effect  
 heart arrest: SI, side effect  
 heart arrhythmia: SI, side effect  
 heart disease: SI, side effect  
 hematopoiesis  
 hemolysis: SI, side effect  
 hemolytic anemia: SI, side effect  
 hepatitis: SI, side effect  
 human

hypertension: SI, side effect  
hypoglycemia: SI, side effect  
hypotension: SI, side effect  
insomnia: SI, side effect  
kidney disease: SI, side effect  
liver injury: SI, side effect  
\*malaria: DT, drug therapy  
\*malaria: ET, etiology  
\*malaria: PC, prevention  
megaloblastic anemia: SI, side effect  
methemoglobinemia: SI, side effect  
mortality  
nausea: SI, side effect  
neuropsychiatric toxicity: SI, side effect  
neurotoxicity: SI, side effect  
orthostatic hypotension: SI, side effect  
paranoia: SI, side effect  
physician  
Plasmodium falciparum  
pregnancy  
prescription  
priority journal  
prophylaxis  
pruritus: SI, side effect  
psychosis: SI, side effect  
rash: SI, side effect  
review  
risk  
risk benefit analysis  
seizure: SI, side effect  
serum sickness: SI, side effect  
side effect: SI, side effect  
Stevens Johnson syndrome: SI, side effect  
tinnitus: SI, side effect  
toxic epidermal necrolysis: SI, side effect  
unpleasant dream: SI, side effect  
visual disorder: SI, side effect  
vivid dream: SI, side effect  
vomiting: SI, side effect

CONTROLLED TERM:

Drug Descriptors:  
amodiaquine: AE, adverse drug reaction  
amodiaquine: DT, drug therapy  
amodiaquine: PD, pharmacology  
\*antimalarial agent: DT, drug therapy  
artemether: DT, drug therapy  
artemether plus benflumetol: AE, adverse drug reaction  
artemether plus benflumetol: DT, drug therapy  
artemether plus benflumetol: PO, oral drug administration  
    artemisinin: CB, drug combination  
    artemisinin: DT, drug therapy  
    artemisinin derivative: DT, drug therapy  
artesunate: CB, drug combination  
artesunate: DT, drug therapy  
artesunate: PO, oral drug administration  
atovaquone: AE, adverse drug reaction  
atovaquone: DT, drug therapy  
atovaquone plus proguanil: AE, adverse drug reaction  
atovaquone plus proguanil: DT, drug therapy  
\*chloroquine: AE, adverse drug reaction  
\*chloroquine: DT, drug therapy

Serial#: 1058277

\*chloroquine: PA, parenteral drug administration  
cotrimoxazole: CB, drug combination  
cotrimoxazole: DT, drug therapy  
doxycycline: AE, adverse drug reaction  
doxycycline: DT, drug therapy  
\*fansidar: DT, drug therapy  
halofantrine: DT, drug therapy  
halofantrine: PD, pharmacology  
isoniazid: CB, drug combination  
isoniazid: DT, drug therapy  
\*mefloquine: AE, adverse drug reaction  
\*mefloquine: CB, drug combination  
\*mefloquine: DT, drug therapy  
\*mefloquine: PD, pharmacology  
    piperaquine: CB, drug combination  
    piperaquine: DT, drug therapy  
    piperaquine: PD, pharmacology  
    primaquine: AE, adverse drug reaction  
    primaquine: DT, drug therapy  
pyrimethamine: AE, adverse drug reaction  
pyrimethamine: DT, drug therapy  
\*pyrimethaminedapsone: AE, adverse drug reaction  
\*pyrimethaminedapsone: DT, drug therapy  
\*quinine: AE, adverse drug reaction  
\*quinine: DT, drug therapy  
quinine sulfate: AE, adverse drug reaction  
quinine sulfate: DT, drug therapy  
quinine sulfate: PO, oral drug administration  
rifampicin: CB, drug combination  
rifampicin: DT, drug therapy  
sulfamethoxazole: DT, drug therapy  
trimethoprim: DT, drug therapy  
trimethoprim: PD, pharmacology  
CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus  
benflumetol) 141204-94-6; (artemether) 71963-77-4;  
(artemisinin) 63968-64-9; (artesunate) 82864-68-4,  
88495-63-0; (atovaquone) 94015-53-9, 95233-18-4;  
(chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7;  
(cotrimoxazole) 8064-90-2; (doxycycline) 10592-13-9,  
17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine)  
36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2;  
(isoniazid) 54-85-3, 62229-51-0, 65979-32-0; (mefloquine)  
51773-92-3, 53230-10-7; (piperaquine) 4085-31-8;  
(primaquine) 90-34-6; (pyrimethamine) 53640-38-3, 58-14-0;  
(quinine sulfate) 804-63-7; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(rifampicin) 13292-46-1; (sulfamethoxazole) 723-46-6;  
(trimethoprim) 738-70-5

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ACCESSION NUMBER: 2007301795 EMBASE Full-text  
TITLE: Recent advances in malaria drug discovery.  
AUTHOR: Lanteri, Charlotte A.; Johnson, Jacob D.; Waters, Norman C.  
(correspondence)  
CORPORATE SOURCE: Division of Experimental Therapeutics, Walter Reed Army  
Institute of Research, 503 Robert Grant Avenue, Silver  
Spring, MD 20910, United States. norman.waters@us.army.mil  
AUTHOR: Waters, Norman C. (correspondence)  
CORPORATE SOURCE: Department of Parasitology, Division of Experimental

Serial#: 1058277

Therapeutics, Walter Reed Army Institute of Research, 503  
Robert Grant Avenue, Silver Spring, MD 20910, United States  
. norman.waters@us.army.mil

SOURCE: Recent Patents on Anti-Infective Drug Discovery, (Jun 2007)  
Vol. 2, No. 2, pp. 95-114.

Refs: 194  
ISSN: 1574-891X

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 030 Clinical and Experimental Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

039 Pharmacy

004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology

052 Toxicology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 25 Jul 2007

Last Updated on STN: 25 Jul 2007

ABSTRACT: Malaria is responsible for over 300 million clinical cases annually and claims the lives of approximately 1-2 million. With a disease that has plagued humanity throughout history, one would think that better control measures would be in place to decrease the mortality and morbidity associated with malaria. Due to malaria drug resistance, an increase in the number of clinical infections and deaths is soon likely to be observed. Therefore, there is a push to identify and introduce new drug entities for malaria treatment and prophylaxis. In an effort to develop new malaria drugs, several different approaches have been implemented. These include the use of drug combinations of either new or existing antimalarials, exploitation of natural products, identification of resistance reversal or sensitizing agents and the targeting of specific malarial enzymes. Past experience has shown that introduction of the same chemical entities, such as quinolines and antifolates, results in only limited efficacy with resistance developing rapidly within one year of introduction. New approaches to drug discovery should identify novel chemotypes which circumvent the parasite's disposition to drug resistance. This review summarizes current efforts in malaria drug discovery as uncovered in recent patent literature. .COPYRGT. 2007 Bentham Science Publishers Ltd.

CONTROLLED TERM: Medical Descriptors:  
antibiotic resistance  
antimalarial activity  
anxiety  
central nervous system disease: SI, side effect  
clinical trial  
dizziness: SI, side effect  
drowsiness: SI, side effect  
drug design  
drug efficacy  
drug half life  
drug potentiation  
drug solubility  
drug structure  
drug targeting  
fatality  
fatigue: SI, side effect  
headache: SI, side effect  
human  
hypotension: SI, side effect  
infection control

Serial#: 1058277

injection site ulcer: SI, side effect  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: PC, prevention  
malaria control  
mood  
morbidity  
mortality  
neurologic disease: SI, side effect  
nightmare: SI, side effect  
nonhuman  
panic: SI, side effect  
patent  
patient compliance  
priority journal  
review  
sedation  
side effect: SI, side effect  
sleep disorder: SI, side effect  
suicidal ideation: SI, side effect  
tremor: SI, side effect  
vomiting: SI, side effect

CONTROLLED TERM:

Drug Descriptors:  
amodiaquine: AN, drug analysis  
amodiaquine: DT, drug therapy  
antimalarial agent: CT, clinical trial  
antimalarial agent: AN, drug analysis  
antimalarial agent: DV, drug development  
antimalarial agent: DT, drug therapy  
antimalarial agent: TO, drug toxicity  
antimalarial agent: PR, pharmaceuticals  
antimalarial agent: PK, pharmacokinetics  
antimalarial agent: PD, pharmacology  
    artemisinin: AN, drug analysis  
    artemisinin: DT, drug therapy  
    artemisinin derivative: AN, drug analysis  
    artemisinin derivative: PF, pharmaceuticals  
    artemisinin derivative: PD, pharmacology  
artesunate: AE, adverse drug reaction  
artesunate: CT, clinical trial  
artesunate: AN, drug analysis  
artesunate: CB, drug combination  
artesunate: DT, drug therapy  
atovaquone: AN, drug analysis  
atovaquone: DT, drug therapy  
azithromycin: DT, drug therapy  
benflumetol: AN, drug analysis  
benflumetol: DT, drug therapy  
borinic acid derivative: AN, drug analysis  
borinic acid derivative: DV, drug development  
borinic acid derivative: DT, drug therapy  
borinic acid derivative: PD, pharmacology  
chloroquine: AN, drug analysis  
chloroquine: CB, drug combination  
chloroquine: IT, drug interaction  
chloroquine: DT, drug therapy  
chloroquine: PD, pharmacology  
chlorpheniramine: AE, adverse drug reaction  
chlorpheniramine: AN, drug analysis  
chlorpheniramine: CB, drug combination

Serial#: 1058277

chlorpheniramine: PD, pharmacology  
dapsone: AN, drug analysis  
dapsone: DT, drug therapy  
diamidine derivative: IM, intramuscular drug administration  
diamidine derivative: IV, intravenous drug administration  
diamidine derivative: PO, oral drug administration  
doxycycline: AN, drug analysis  
doxycycline: DT, drug therapy  
folic acid antagonist: DT, drug therapy  
halofantrine: AN, drug analysis  
halofantrine: DT, drug therapy  
mefloquine: AE, adverse drug reaction  
mefloquine: CT, clinical trial  
mefloquine: AN, drug analysis  
mefloquine: CB, drug combination  
mefloquine: DT, drug therapy  
mefloquine: TO, drug toxicity  
mefloquine: PO, oral drug administration  
mefloquine: PD, pharmacology  
new drug  
pentamidine: AE, adverse drug reaction  
pentamidine: DT, drug therapy  
pentamidine: IM, intramuscular drug administration  
pentamidine: IV, intravenous drug administration  
pentamidine: PK, pharmacokinetics  
    piperazine: AN, drug analysis  
    piperazine: DT, drug therapy  
    primaquine derivative: AN, drug analysis  
    primaquine derivative: DT, drug therapy  
proguanil: AN, drug analysis  
proguanil: DT, drug therapy  
protein farnesyltransferase inhibitor: AN, drug analysis  
protein farnesyltransferase inhibitor: CM, drug comparison  
protein farnesyltransferase inhibitor: DV, drug development  
protein farnesyltransferase inhibitor: DT, drug therapy  
protein farnesyltransferase inhibitor: PD, pharmacology  
proteinase inhibitor: CB, drug combination  
proteinase inhibitor: DV, drug development  
proteinase inhibitor: IT, drug interaction  
proteinase inhibitor: DT, drug therapy  
proteinase inhibitor: PK, pharmacokinetics  
proteinase inhibitor: PD, pharmacology  
pyrimethamine: AN, drug analysis  
pyrimethamine: DT, drug therapy  
quinine: AN, drug analysis  
quinine: CM, drug comparison  
quinine: DT, drug therapy  
quinine: PD, pharmacology  
quinoline derivative: DT, drug therapy  
sulfadoxine: AN, drug analysis  
sulfadoxine: DT, drug therapy  
tetracycline: AN, drug analysis  
tetracycline: DT, drug therapy  
tetracycline: PD, pharmacology  
unindexed drug  
CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9;  
(artesunate) 82864-68-4, 88495-63-0; (atovaquone)  
94015-53-9, 95233-18-4; (azithromycin) 83905-01-5;  
(benflumetol) 82186-77-4; (chloroquine) 132-73-0,  
3545-67-3, 50-63-5, 54-05-7; (chlorpheniramine) 132-22-9;

Serial#: 1058277

(dapsone) 80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (pentamidine) 100-33-4; (piperaquine) 4085-31-8; (proguanil) 500-92-5, 637-32-1; (proteinase inhibitor) 37205-61-1; (pyrimethamine) 53640-38-3, 58-14-0; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

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ACCESSION NUMBER: 2007420849 EMBASE Full-text  
TITLE: [Review on antimalarial drug resistance].  
Review on antimalarial drug resistance.  
AUTHOR: Ringwald, P. (correspondence)  
CORPORATE SOURCE: Organisation mondiale de la Sante, Geneve, Switzerland.  
SOURCE: Medecine et Maladies Infectieuses, (Jun 2007) Vol. 37, No. SUPPL. 1, pp. S34-S36.  
Refs: 6  
ISSN: 0399-077X E-ISSN: 1769-6690 CODEN: MMAIB5  
PUBLISHER IDENT.: S 0399-077X(07)80014-X  
COUNTRY: France  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
030 Clinical and Experimental Pharmacology  
037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
006 Internal Medicine  
LANGUAGE: French  
ENTRY DATE: Entered STN: 20 Nov 2007  
Last Updated on STN: 20 Nov 2007  
CONTROLLED TERM: Medical Descriptors:  
article  
clinical practice  
combination chemotherapy  
drug efficacy  
geographic distribution  
human  
Human immunodeficiency virus infection: EP, epidemiology  
\*malaria: DI, diagnosis  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
malaria control  
monotherapy  
\*multidrug resistance  
nonhuman  
Plasmodium falciparum  
Plasmodium ovale  
Plasmodium vivax  
tuberculosis: EP, epidemiology  
world health organization  
CONTROLLED TERM: Drug Descriptors:  
amodiaquine: CB, drug combination  
amodiaquine: CM, drug comparison  
amodiaquine: DT, drug therapy  
\*antibiotic agent: DT, drug therapy

Serial#: 1058277

\*antimalarial agent: DT, drug therapy  
\*antimalarial agent: PK, pharmacokinetics  
\*antimalarial agent: PD, pharmacology  
arteether: DT, drug therapy  
artemether: CB, drug combination  
artemether: DT, drug therapy  
  artemisinin: DT, drug therapy  
\*artesunate: CB, drug combination  
\*artesunate: DT, drug therapy  
atovaquone: DT, drug therapy  
atovaquone: PK, pharmacokinetics  
benflumetol: CB, drug combination  
benflumetol: DT, drug therapy  
benflumetol: PK, pharmacokinetics  
\*biguanide: DT, drug therapy  
chloroquine: CM, drug comparison  
chloroquine: DT, drug therapy  
chlorproguanil: CB, drug combination  
chlorproguanil: DT, drug therapy  
dapson: CB, drug combination  
dapson: DT, drug therapy  
dihydroartemisinin: CB, drug combination  
dihydroartemisinin: DT, drug therapy  
doxycycline: DT, drug therapy  
halofantrine: DT, drug therapy  
halofantrine: PK, pharmacokinetics  
mefloquine: CB, drug combination  
mefloquine: DT, drug therapy  
mefloquine: PK, pharmacokinetics  
  piperazine: CB, drug combination  
  piperazine: DT, drug therapy  
  primaquine: DT, drug therapy  
proguanil: DT, drug therapy  
pyrimethamine: CB, drug combination  
pyrimethamine: DT, drug therapy  
pyronaridine: CB, drug combination  
pyronaridine: DT, drug therapy  
quinidine: DT, drug therapy  
quinine: DT, drug therapy  
\*sesquiterpene lactone: DT, drug therapy  
sulfadoxine: CB, drug combination  
sulfadoxine: DT, drug therapy  
sulfalene: DT, drug therapy  
\*sulfonamide: DT, drug therapy  
tetracycline: DT, drug therapy  
unindexed drug  
CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6;  
(artemether) 71963-77-4; (artemisinin) 63968-64-9;  
(artesunate) 82864-68-4, 88495-63-0; (atovaquone)  
94015-53-9, 95233-18-4; (benflumetol) 82186-77-4;  
(biguanide) 56-03-1; (chloroquine) 132-73-0, 3545-67-3,  
50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (dapson)  
80-08-0; (dihydroartemisinin) 71939-50-9, 81496-81-3;  
(doxycycline) 10592-13-9, 17086-28-1, 564-25-0;  
(halofantrine) 36167-63-2, 66051-63-6, 66051-74-9,  
66051-76-1, 69756-53-2; (mefloquine) 51773-92-3,  
53230-10-7; (piperazine) 4085-31-8; (primaquine) 90-34-6;  
(proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3,  
58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2;  
(quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4,

Serial#: 1058277

549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6;  
(sulfalene) 152-47-6; (tetracycline) 23843-90-5, 60-54-8,  
64-75-5

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ACCESSION NUMBER: 2006595274 EMBASE Full-text  
TITLE: Current challenges in drug-resistant malaria.  
AUTHOR: Gogtay, N.J. (correspondence); Kshirsagar, N.A.  
CORPORATE SOURCE: Department of Clinical Pharmacology, Seth GS Medical College, KEM Hospital, Parel, Mumbai, India. njgogtay@hotmail.com  
AUTHOR: Vaidya, A.B.  
CORPORATE SOURCE: Center for Molecular Parasitology, Drexel University, College of Medicine, Philadelphia, PA, United States.  
SOURCE: Journal of Postgraduate Medicine, (1 Oct 2006) Vol. 52, No. 4, pp. 241-242.  
Refs: 23  
ISSN: 0022-3859 CODEN: JPMDA3  
COUNTRY: India  
DOCUMENT TYPE: Journal; Editorial  
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
036 Health Policy, Economics and Management  
037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
LANGUAGE: English  
ENTRY DATE: Entered STN: 21 Dec 2006  
Last Updated on STN: 21 Dec 2006  
CONTROLLED TERM: Medical Descriptors:  
\*antibiotic resistance  
clinical trial  
drug cost  
drug efficacy  
editorial  
genotype  
geographic distribution  
human  
India  
\*malaria: DM, disease management  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
malaria control  
morbidity  
mortality  
Plasmodium falciparum  
Plasmodium vivax  
population research  
relapse  
CONTROLLED TERM: Drug Descriptors:  
8 [4 (3 acetyl 4,5 dihydro 2 furylamino) 1 methylbutylamino] 6 methoxyquinoline: DT, drug therapy  
aminoquinoline derivative: DT, drug therapy  
antimalarial agent: CT, clinical trial  
antimalarial agent: CB, drug combination  
antimalarial agent: CM, drug comparison  
antimalarial agent: DT, drug therapy  
artemether plus benflumetol: DT, drug therapy  
artemisinin derivative: CB, drug combination



Serial#: 1058277

SOURCE: Kingdom. SMRU@tropmedres.ac  
Travel Medicine and Infectious Disease, (May 2006) Vol. 4,  
No. 3-4, pp. 159-173.  
Refs: 78  
ISSN: 1477-8939 CODEN: TMIDA4  
PUBLISHER IDENT.: S 1477-8939(05)00074-8  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT:

017 Public Health, Social Medicine and Epidemiology  
030 Clinical and Experimental Pharmacology  
037 Drug Literature Index  
038 Adverse Reactions Titles  
004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology  
052 Toxicology

LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 5 Jun 2006  
Last Updated on STN: 5 Jun 2006

ABSTRACT: Malaria is increasing worldwide due to the emergence and spread of drug resistant strains. This poses major health and economic problems for the population living in endemic areas and increases the risk of infections in travelers. The diagnosis of malaria relies on a biological proof of infection by microscopy or with a rapid test. The treatment must be initiated without delay preferably with an artemisinin containing regimen. Uncomplicated malaria can be treated with oral drugs while severe infections will be hospitalized and treated with injectables. Special attention will be given to the most susceptible groups: children and pregnant women. .COPYRGT. 2005 Elsevier Ltd. All rights reserved.

CONTROLLED TERM: Medical Descriptors:  
abdominal pain: SI, side effect  
agranulocytosis: SI, side effect  
angioneurotic edema: SI, side effect  
antimalarial activity  
anxiety disorder: SI, side effect  
aphthous ulcer: SI, side effect  
article  
asthma: SI, side effect  
bacterial infection: SI, side effect  
blood toxicity: SI, side effect  
bone marrow suppression: SI, side effect  
candidiasis: SI, side effect  
cardiotoxicity: SI, side effect  
clinical assessment  
clinical feature  
clinical trial  
convulsion: DT, drug therapy  
convulsion: SI, side effect  
diagnostic error  
diarrhea: SI, side effect  
disease exacerbation: SI, side effect  
disease severity  
disseminated intravascular clotting: SI, side effect  
dizziness: SI, side effect  
dose response  
drug absorption  
drug choice  
drug contraindication  
drug cost

drug dose regimen  
 drug efficacy  
 drug eruption: SI, side effect  
 drug fatality: SI, side effect  
 drug fever: SI, side effect  
 drug half life  
 drug hypersensitivity: SI, side effect  
 drug indication  
 drug mechanism  
 drug overdose  
 drug safety  
 drug tolerability  
 dyserythropoiesis: SI, side effect  
 dysphagia: SI, side effect  
 endemic disease  
 enzyme inhibition  
 eosinophilia: SI, side effect  
 esophagus ulcer: SI, side effect  
 eye toxicity: SI, side effect  
 fetotoxicity  
 gastrointestinal symptom: SI, side effect  
 gastrointestinal toxicity: SI, side effect  
 glossitis: SI, side effect  
 hair loss: SI, side effect  
 headache: SI, side effect  
 hearing impairment: SI, side effect  
 heart palpitation: SI, side effect  
 hemolysis: SI, side effect  
 hemolytic anemia: SI, side effect  
 human  
 hypoglycemia: SI, side effect  
 infection prevention  
 infection risk  
 kidney failure: SI, side effect  
 laboratory test  
 liver toxicity: SI, side effect  
 \*malaria: DI, diagnosis  
 \*malaria: DR, drug resistance  
 \*malaria: DT, drug therapy  
 \*malaria: EP, epidemiology  
 \*malaria: ET, etiology  
 \*malaria: PC, prevention  
 monotherapy  
 nausea: SI, side effect  
 nephrotoxicity: SI, side effect  
 neurosis: SI, side effect  
 neutropenia: SI, side effect  
 nonhuman  
 pancreatitis: SI, side effect  
 patient compliance  
 pericarditis: SI, side effect  
 photosensitivity: SI, side effect  
 Plasmodium falciparum  
 Plasmodium malariae  
 Plasmodium ovale  
 Plasmodium vivax  
 prevalence  
 priority journal  
 pruritus: SI, side effect  
 pseudomembranous colitis: SI, side effect

psoriasis: SI, side effect  
 psychosis: SI, side effect  
 retina injury: SI, side effect  
 risk assessment  
 seizure: SI, side effect  
 sleep disorder: SI, side effect  
 stomatitis: SI, side effect  
 thrombocytopenia: SI, side effect  
 tinnitus: SI, side effect  
 travel  
 urticaria: SI, side effect  
 vertigo: SI, side effect  
 vomiting: SI, side effect  
 xerostomia: SI, side effect  
 Drug Descriptors:  
 amodiaquine: AE, adverse drug reaction  
 amodiaquine: CM, drug comparison  
 amodiaquine: DT, drug therapy  
 antibiotic agent: AE, adverse drug reaction  
 antibiotic agent: CB, drug combination  
 antibiotic agent: DO, drug dose  
 antibiotic agent: DT, drug therapy  
 antibiotic agent: TO, drug toxicity  
 antibiotic agent: PD, pharmacology  
 antimalarial agent: AE, adverse drug reaction  
 antimalarial agent: CT, clinical trial  
 antimalarial agent: CB, drug combination  
 antimalarial agent: CM, drug comparison  
 antimalarial agent: DO, drug dose  
 antimalarial agent: DT, drug therapy  
 antimalarial agent: TO, drug toxicity  
 antimalarial agent: IM, intramuscular drug administration  
 antimalarial agent: IV, intravenous drug administration  
 antimalarial agent: PO, oral drug administration  
 antimalarial agent: PK, pharmacokinetics  
 antimalarial agent: PD, pharmacology  
 antimalarial agent: RC, rectal drug administration  
 artemether: AE, adverse drug reaction  
 artemether: CT, clinical trial  
 artemether: CB, drug combination  
 artemether: DO, drug dose  
 artemether: DT, drug therapy  
 artemether: TO, drug toxicity  
 artemether: IM, intramuscular drug administration  
 artemether: PO, oral drug administration  
 artemether: PK, pharmacokinetics  
 artemether plus benflumetol: CM, drug comparison  
 artemether plus benflumetol: DT, drug therapy  
 artemether plus benflumetol: PO, oral drug administration  
 artemisinin derivative: AE, adverse drug reaction  
 artemisinin derivative: CT, clinical trial  
 artemisinin derivative: CB, drug combination  
 artemisinin derivative: DO, drug dose  
 artemisinin derivative: DT, drug therapy  
 artemisinin derivative: TO, drug toxicity  
 artemisinin derivative: IM, intramuscular drug administration  
 artemisinin derivative: IV, intravenous drug administration  
 artemisinin derivative: PO, oral drug

CONTROLLED TERM:

administration  
 artemisinin derivative: PK, pharmacokinetics  
 artemisinin derivative: PD, pharmacology  
 artemisinin derivative: RC, rectal drug administration  
 artesunate: AE, adverse drug reaction  
 artesunate: CT, clinical trial  
 artesunate: CB, drug combination  
 artesunate: DO, drug dose  
 artesunate: DT, drug therapy  
 artesunate: TO, drug toxicity  
 artesunate: IV, intravenous drug administration  
 artesunate: PO, oral drug administration  
 artesunate: PK, pharmacokinetics  
 artesunate: RC, rectal drug administration  
 atovaquone plus proguanil: AE, adverse drug reaction  
 atovaquone plus proguanil: CB, drug combination  
 atovaquone plus proguanil: DO, drug dose  
 atovaquone plus proguanil: DT, drug therapy  
 atovaquone plus proguanil: TO, drug toxicity  
 atovaquone plus proguanil: PK, pharmacokinetics  
 benflumetol: CB, drug combination  
 benflumetol: CM, drug comparison  
 benflumetol: DT, drug therapy  
 benflumetol: PO, oral drug administration  
 benflumetol: PK, pharmacokinetics  
 chloroquine: CB, drug combination  
 chloroquine: CM, drug comparison  
 chloroquine: DO, drug dose  
 chloroquine: DT, drug therapy  
 chloroquine: TO, drug toxicity  
 chloroquine: IV, intravenous drug administration  
 chloroquine: PD, pharmacology  
 chlorproguanil: CM, drug comparison  
 chlorproguanil: DT, drug therapy  
 chlorproguanil plus dapsone: AE, adverse drug reaction  
 chlorproguanil plus dapsone: CM, drug comparison  
 chlorproguanil plus dapsone: DT, drug therapy  
 clindamycin: AE, adverse drug reaction  
 clindamycin: DT, drug therapy  
 clindamycin: PD, pharmacology  
 diazepam: DT, drug therapy  
 diazepam: IV, intravenous drug administration  
 diazepam: RC, rectal drug administration  
 dihydrofolate reductase: EC, endogenous compound  
 doxycycline: CB, drug combination  
 doxycycline: DO, drug dose  
 doxycycline: DT, drug therapy  
 fansidar: DT, drug therapy  
 halofantrine: DT, drug therapy  
 mefloquine: AE, adverse drug reaction  
 mefloquine: CT, clinical trial  
 mefloquine: CB, drug combination  
 mefloquine: DO, drug dose  
 mefloquine: DT, drug therapy  
 mefloquine: TO, drug toxicity  
 mefloquine: PK, pharmacokinetics  
 phenobarbital: AE, adverse drug reaction  
 phenobarbital: DT, drug therapy  
 piperazine: CB, drug combination

Serial#: 1058277

piperazine: DT, drug therapy  
primaquine: AE, adverse drug reaction  
primaquine: CB, drug combination  
primaquine: CM, drug comparison  
primaquine: DO, drug dose  
primaquine: DT, drug therapy  
primaquine: PO, oral drug administration  
proguanil: AE, adverse drug reaction  
proguanil: CM, drug comparison  
proguanil: DT, drug therapy  
proguanil: PD, pharmacology  
pyrimethamine: AE, adverse drug reaction  
pyrimethamine: DT, drug therapy  
pyrimethamine: PD, pharmacology  
pyronaridine: AE, adverse drug reaction  
pyronaridine: CT, clinical trial  
pyronaridine: CB, drug combination  
pyronaridine: DT, drug therapy  
quinidine: AE, adverse drug reaction  
quinidine: DT, drug therapy  
quinidine: IV, intravenous drug administration  
quinine: AE, adverse drug reaction  
quinine: CB, drug combination  
quinine: DO, drug dose  
quinine: DT, drug therapy  
quinine: IM, intramuscular drug administration  
quinine: IV, intravenous drug administration  
quinine: PO, oral drug administration  
quinine: PA, parenteral drug administration  
tafenoquine: CT, clinical trial  
tafenoquine: CM, drug comparison  
tafenoquine: DT, drug therapy  
tafenoquine: PK, pharmacokinetics  
tetracycline: CB, drug combination  
tetracycline: DO, drug dose  
tetracycline: DT, drug therapy  
tetracycline: TO, drug toxicity  
tetracycline: PD, pharmacology  
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artesunate) 82864-68-4, 88495-63-0; (benflumetol) 82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9; (diazepam) 439-14-5; (dihydrofolate reductase) 9002-03-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (phenobarbital) 50-06-6, 57-30-7, 8028-68-0; (piperazine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (tafenoquine) 106635-80-7, 106635-81-8; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

CHEMICAL NAME: (1) malarone; (2) riamet; coartem; lapdap  
COMPANY NAME: (1) Glaxo SmithKline; (2) Novartis (Swaziland)

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ACCESSION NUMBER: 2005493113 EMBASE Full-text

TITLE: In vitro assessment of methylene blue on chloroquine-sensitive and -resistant Plasmodium falciparum strains reveals synergistic action with artemisinins.

AUTHOR: Akoachere, Monique; Buchholz, Kathrin; Fischer, Elisabeth; Becker, Katja (correspondence)

CORPORATE SOURCE: Interdisciplinary Research Centre, Justus-Liebig-University, Heinrich-Buff Ring 26-32, 35392 Giessen, Germany. becker.katja@gmx.de

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AUTHOR: Becker, Katja (correspondence)

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SOURCE: Antimicrobial Agents and Chemotherapy, (Nov 2005) Vol. 49, No. 11, pp. 4592-4597.  
Refs: 38  
ISSN: 0066-4804 CODEN: AMACQJ  
United States

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 15 Dec 2005  
Last Updated on STN: 15 Dec 2005

ABSTRACT: Methylene blue (MB) represents a promising antimalarial drug candidate for combination therapies against drug-resistant parasite strains. To support and facilitate the application of MB in future field trials, we studied its antiparasitic effects in vitro. MB is active against all blood stages of both chloroquine (CQ)-sensitive and CQ-resistant *P. falciparum* strains with 50% inhibitory concentration (IC(50)) values in the lower nanomolar range. Ring stages showed the highest susceptibility. As demonstrated by high-performance liquid chromatography-tandem mass spectrometry on different cell culture compartments, MB is accumulated in malarial parasites. In drug combination assays, MB was found to be antagonistic with CQ and other quinoline antimalarials like piperazine and amodiaquine; with mefloquine and quinine, MB showed additive effects. In contrast, we observed synergistic effects of MB with artemisinin, artesunate, and artemether for all tested parasite strains. Artemisinin/MB combination concentration ratios of 3:1 were found to be advantageous, demonstrating that the combination of artemisinin with a smaller amount of MB can be recommended for reaching maximal therapeutic effects. Our in vitro data indicate that combinations of MB with artemisinin and related endoperoxides might be a promising option for treating drug-resistant malaria and should be studied in future field trials. Resistance development under this drug combination is unlikely to occur. Copyright .COPYRG. 2005, American Society for Microbiology. All Rights Reserved.

CONTROLLED TERM: Medical Descriptors:  
\*antibiotic resistance  
\*antibiotic sensitivity

article  
 cell culture  
 drug activity  
 \*drug potentiation  
 high performance liquid chromatography  
 IC 50  
 malaria  
 nonhuman  
 \*Plasmodium falciparum  
 priority journal  
 tandem mass spectrometry

## CONTROLLED TERM:

Drug Descriptors:  
 amodiaquine: CB, drug combination  
 amodiaquine: IT, drug interaction  
 antimalarial agent: CB, drug combination  
 antimalarial agent: IT, drug interaction  
 artemether: CB, drug combination  
 artemether: IT, drug interaction  
 \*artemisinin: CB, drug combination  
 \*artemisinin: IT, drug interaction  
 artesunate: CB, drug combination  
 artesunate: IT, drug interaction  
 \*chloroquine  
 endoperoxide  
 mefloquine: CB, drug combination  
 mefloquine: IT, drug interaction  
 \*methylene blue: CB, drug combination  
 \*methylene blue: IT, drug interaction  
 piperazine: CB, drug combination  
 piperazine: IT, drug interaction  
 primaquine: CB, drug combination  
 primaquine: IT, drug interaction  
 quinine: CB, drug combination  
 quinine: IT, drug interaction  
 quinoline derivative: CB, drug combination  
 quinoline derivative: IT, drug interaction

## CAS REGISTRY NO.:

(amodiaquine) 69-44-3, 86-42-0; (artemether) 71963-77-4;  
 (artemisinin) 63968-64-9; (artesunate) 82864-68-4,  
 88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5,  
 54-05-7; (mefloquine) 51773-92-3, 53230-10-7; (methylene  
 blue) 61-73-4; (piperazine) 4085-31-8; (primaquine)  
 90-34-6; (quinine) 130-89-2, 130-95-0, 14358-44-2,  
 549-48-4, 549-49-5, 60-93-5, 7549-43-1

## COMPANY NAME:

Aldrich (United States); Roth (Germany); Sigma Aldrich  
 (Germany); Swiss tropical institute (Switzerland)

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ACCESSION NUMBER: 2005333080 EMBASE Full-text  
 TITLE: Antimalarial drugs: Current status and new developments.  
 AUTHOR: Rathore, Dharmendar  
 CORPORATE SOURCE: Virginia Bioinformatics Institute, Virginia Polytechnic  
 Institute and State University, Washington Street,  
 Blacksburg, VA 24061, United States.  
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 CORPORATE SOURCE: Laboratory of Malaria and Vector Research, National  
 Institute of Allergy and Infectious Disease, Twinbrook  
 Parkway, Rockville, MD 20850, United States.  
 AUTHOR: Kumar, Sanjai (correspondence)  
 CORPORATE SOURCE: Division of Emerging and Transfusion Transmitted Diseases,

Serial#: 1058277

Center for Biologics Evaluation and Research, Food and Drug  
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SOURCE: Expert Opinion on Investigational Drugs, (Jul 2005) Vol.  
14, No. 7, pp. 871-883.

Refs: 111

ISSN: 1354-3784 CODEN: EOIDER

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 030 Clinical and Experimental Pharmacology

037 Drug Literature Index

038 Adverse Reactions Titles

004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 25 Aug 2005

Last Updated on STN: 25 Aug 2005

ABSTRACT: Malaria continues to be a major threat in the developing world, with > 1 million clinical episodes and 3000 deaths every day. In the last century, malaria claimed between 150 and 300 million lives, accounting for 2 - 5% of all deaths. Currently - 40% of the world population resides in areas of active malaria transmission. The disease symptoms are most severe in young children and pregnant women. A total of 90% of the disease-associated mortality occurs in Sub-Saharan Africa, despite the fact that malaria is indigenous to most tropical regions. A licensed vaccine for malaria has not become a reality and antimalarial drugs are the only available method of treatment. Although chloroquine, the first synthetically developed antimalarial, proved to be an almost magical cure for > 30 years, the emergence and spread of chloroquine-resistant parasites has made it virtually ineffective in most parts of the world. Currently, artemisinin, a plant-derived antimalarial, is the only available drug that is globally effective against the parasite. Although several new drugs have been introduced in the past 30 years, widespread or isolated cases of resistance indicate that their window of effectiveness will be limited. Thus, there is an urgent need to develop new therapeutics and regimens for malaria control. This article presents an overview of the currently available antimalarial chemotherapy options and the efforts being undertaken to develop new drugs based on both the recent technological advances and modifications to the old remedies, and on combination therapies.

CONTROLLED TERM: Medical Descriptors:  
Africa  
antimalarial activity  
antimicrobial activity  
apicoplast  
clinical trial  
developing country  
diarrhea: SI, side effect  
drug absorption  
drug design  
drug dosage form  
drug efficacy  
drug elimination  
drug half life  
drug potentiation  
drug safety  
drug structure  
drug targeting  
drug tolerability  
enzyme inhibition

fatty acid synthesis  
geographic distribution  
heart arrhythmia: SI, side effect  
hemolysis: SI, side effect  
host parasite interaction  
human  
in vitro study  
infection resistance  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
malaria control  
malaria falciparum: DR, drug resistance  
malaria falciparum: DT, drug therapy  
malaria falciparum: EP, epidemiology  
methemoglobinemia: SI, side effect  
mortality  
multidrug resistance  
neurologic disease: SI, side effect  
nonhuman  
Plasmodium vivax  
prevalence  
review  
single drug dose  
stomach pain: SI, side effect  
structure activity relation  
symptomatology  
Drug Descriptors:  
16alpha bromoepiandrosterone: BD, buccal drug  
administration  
16alpha bromoepiandrosterone: CT, clinical trial  
16alpha bromoepiandrosterone: DT, drug therapy  
16alpha bromoepiandrosterone: PK, pharmacokinetics  
16alpha bromoepiandrosterone: PD, pharmacology  
4 pyridone derivative: CM, drug comparison  
4 pyridone derivative: DV, drug development  
amodiaquine: CT, clinical trial  
amodiaquine: CB, drug combination  
amodiaquine: CM, drug comparison  
amodiaquine: DT, drug therapy  
\*antimalarial agent: AE, adverse drug reaction  
\*antimalarial agent: CT, clinical trial  
\*antimalarial agent: AN, drug analysis  
\*antimalarial agent: CB, drug combination  
\*antimalarial agent: CM, drug comparison  
\*antimalarial agent: DV, drug development  
\*antimalarial agent: DO, drug dose  
\*antimalarial agent: IT, drug interaction  
\*antimalarial agent: DT, drug therapy  
\*antimalarial agent: PO, oral drug administration  
\*antimalarial agent: PK, pharmacokinetics  
\*antimalarial agent: PD, pharmacology  
artemether plus benflumetol: CT, clinical trial  
artemether plus benflumetol: DT, drug therapy  
artemisinin: CT, clinical trial  
artemisinin: AN, drug analysis  
artemisinin: CB, drug combination  
artemisinin: DV, drug development  
artemisinin: DT, drug therapy  
artemisinin: PK, pharmacokinetics

CONTROLLED TERM:

artemisinin: PD, pharmacology  
 artesunate: CT, clinical trial  
 artesunate: CB, drug combination  
 artesunate: CM, drug comparison  
 artesunate: DV, drug development  
 artesunate: DT, drug therapy  
 atovaquone plus proguanil: CT, clinical trial  
 atovaquone plus proguanil: CM, drug comparison  
 atovaquone plus proguanil: DT, drug therapy  
 benflumetol: DT, drug therapy  
 benflumetol: PK, pharmacokinetics  
 chloroquine: CT, clinical trial  
 chloroquine: DV, drug development  
 chloroquine: DT, drug therapy  
 chloroquine: PD, pharmacology  
 clindamycin: CT, clinical trial  
 clindamycin: CB, drug combination  
 clindamycin: CM, drug comparison  
 clindamycin: IT, drug interaction  
 clindamycin: DT, drug therapy  
 db 289: CT, clinical trial  
 db 289: CB, drug combination  
 db 289: DV, drug development  
 db 289: DO, drug dose  
 db 289: DT, drug therapy  
 db 289: PO, oral drug administration  
 db 289: PD, pharmacology  
 diamidine derivative: CT, clinical trial  
 diamidine derivative: CB, drug combination  
 diamidine derivative: DV, drug development  
 diamidine derivative: DO, drug dose  
 diamidine derivative: DT, drug therapy  
 diamidine derivative: PD, pharmacology  
 dihydroartemisinin: CB, drug combination  
 dihydroartemisinin: DV, drug development  
 dihydroartemisinin: DT, drug therapy  
 fosmidomycin: CT, clinical trial  
 fosmidomycin: CB, drug combination  
 fosmidomycin: CM, drug comparison  
 fosmidomycin: IT, drug interaction  
 fosmidomycin: DT, drug therapy  
 halofantrine: AE, adverse drug reaction  
 halofantrine: DT, drug therapy  
 ketone derivative: DT, drug therapy  
 ketone derivative: PO, oral drug administration  
 ketone derivative: PD, pharmacology  
 manzamine A: AN, drug analysis  
 manzamine A: DT, drug therapy  
 manzamine A: PO, oral drug administration  
 manzamine A: PK, pharmacokinetics  
 manzamine A: PD, pharmacology  
 meflam  
 mefloquine: AE, adverse drug reaction  
 mefloquine: CB, drug combination  
 mefloquine: DV, drug development  
 mefloquine: DT, drug therapy  
 mefloquine: PK, pharmacokinetics  
 mefloquine: PD, pharmacology  
 peptide deformylase inhibitor: CR, drug concentration  
 peptide deformylase inhibitor: DT, drug therapy

Serial#: 1058277

peptide deformylase inhibitor: PD, pharmacology  
piperazine: CT, clinical trial  
piperazine: CB, drug combination  
piperazine: DV, drug development  
piperazine: DT, drug therapy  
prasterone: BD, buccal drug administration  
prasterone: CT, clinical trial  
prasterone: DT, drug therapy  
prasterone: PK, pharmacokinetics  
prasterone: PD, pharmacology  
primaquine: AE, adverse drug reaction  
primaquine: CT, clinical trial  
primaquine: CB, drug combination  
primaquine: DT, drug therapy  
protein farnesyltransferase inhibitor: DT, drug therapy  
protein farnesyltransferase inhibitor: PD, pharmacology  
proteinase inhibitor: AN, drug analysis  
proteinase inhibitor: DV, drug development  
proteinase inhibitor: PO, oral drug administration  
proteinase inhibitor: PD, pharmacology  
pyronaridine: CT, clinical trial  
pyronaridine: CB, drug combination  
pyronaridine: DV, drug development  
pyronaridine: DT, drug therapy  
sulfone derivative: DT, drug therapy  
sulfone derivative: PO, oral drug administration  
sulfone derivative: PD, pharmacology  
tafenoquine: AE, adverse drug reaction  
tafenoquine: CT, clinical trial  
tafenoquine: DO, drug dose  
tafenoquine: DT, drug therapy  
tafenoquine: PK, pharmacokinetics  
tafenoquine: PD, pharmacology  
triclosan: AN, drug analysis  
triclosan: DV, drug development  
triclosan: PD, pharmacology  
unclassified drug  
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus  
benflumetol) 141204-94-6; (artemisinin) 63968-64-9;  
(artesunate) 82864-68-4, 88495-63-0; (benflumetol)  
82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5,  
54-05-7; (clindamycin) 18323-44-9; (dihydroartemisinin)  
71939-50-9, 81496-81-3; (fosmidomycin) 66508-37-0,  
66508-53-0; (halofantrine) 36167-63-2, 66051-63-6,  
66051-74-9, 66051-76-1, 69756-53-2; (manzamine A)  
104196-68-1, 104264-80-4; (mefloquine) 51773-92-3,  
53230-10-7; (piperazine) 4085-31-8; (prasterone) 53-43-0;  
(primaquine) 90-34-6; (proteinase inhibitor) 37205-61-1;  
(pyronaridine) 74847-35-1; (tafenoquine) 106635-80-7,  
106635-81-8; (triclosan) 3380-34-5

CHEMICAL NAME: db 289; lariam; malarone; meflam; mephaquine

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ACCESSION NUMBER: 2005085820 EMBASE [Full-text](#)

TITLE: Malaria misconceptions [3].

AUTHOR: Nosten, Francois (correspondence); McGready, Rose; Ashley, Elizabeth; White, Nicholas J.

CORPORATE SOURCE: SMRU, Po Box 46, Maesot 63110, Thailand. SMRU@tropmedres.ac

SOURCE: Lancet, (19 Feb 2005) Vol. 365, No. 9460, pp. 653.  
 Refs: 5  
 ISSN: 0140-6736 CODEN: LANCAO  
 COUNTRY: United Kingdom  
 DOCUMENT TYPE: Journal; Letter  
 FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 006 Internal Medicine  
 LANGUAGE: English  
 ENTRY DATE: Entered STN: 10 Mar 2005  
 Last Updated on STN: 10 Mar 2005  
 CONTROLLED TERM: Medical Descriptors:  
 birth defect: SI, side effect  
 dose response  
 drug efficacy  
 drug formulation  
 drug safety  
 human  
 letter  
 low drug dose  
 \*malaria: DT, drug therapy  
 pregnancy  
 priority journal  
 CONTROLLED TERM: Drug Descriptors:  
 artemether plus benflumetol: DT, drug therapy  
 artemisinin derivative: AE, adverse drug reaction  
 artesunate: CB, drug combination  
 artesunate: DO, drug dose  
 artesunate: DT, drug therapy  
 atovaquone plus proguanil: DT, drug therapy  
 chloroquine: DT, drug therapy  
 dihydroartemisinin: CB, drug combination  
 dihydroartemisinin: DT, drug therapy  
 halofantrine: DT, drug therapy  
 mefloquine: CB, drug combination  
 mefloquine: DO, drug dose  
 mefloquine: DT, drug therapy  
 piperaquine: CB, drug combination  
 piperaquine: DT, drug therapy  
 primaquine: CB, drug combination  
 primaquine: DT, drug therapy  
 quinine: AE, adverse drug reaction  
 CAS REGISTRY NO.: (artemether plus benflumetol) 141204-94-6; (artesunate)  
 82864-68-4, 88495-63-0; (chloroquine) 132-73-0, 3545-67-3,  
 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9,  
 81496-81-3; (halofantrine) 36167-63-2, 66051-63-6,  
 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine)  
 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8;  
 (primaquine) 90-34-6; (quinine) 130-89-2, 130-95-0,  
 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1  
 L142 ANSWER 23 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights  
 reserved on STN  
 ACCESSION NUMBER: 2005167643 EMBASE Full-text  
 TITLE: Pediatric malaria in the developing world.  
 AUTHOR: Summer, Andrea P.  
 CORPORATE SOURCE: Department of Pediatrics, Medical University of South  
 Carolina, Charleston, SC, United States.  
 AUTHOR: Stauffer, William M.

Serial#: 1058277

CORPORATE SOURCE: Div. of Infect. Dis. and Intl. Med., Department of Medicine, University of Minnesota, St. Paul, MN, United States.

AUTHOR: Stauffer, William M.

CORPORATE SOURCE: Regions Hospital/HealthPartners, Center for International Health, International Travel Clinic, St. Paul, MN, United States.

AUTHOR: Fischer, Philip R., Dr. (correspondence)

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SOURCE: Seminars in Pediatric Infectious Diseases, (Apr 2005) Vol. 16, No. 2, pp. 105-115.  
Refs: 107  
ISSN: 1045-1870 CODEN: SPIDFJ  
United States

COUNTRY: United States

DOCUMENT TYPE: Journal; General Review; (Review)

FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
036 Health Policy, Economics and Management  
037 Drug Literature Index  
038 Adverse Reactions Titles  
007 Pediatrics and Pediatric Surgery

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 5 May 2005  
Last Updated on STN: 5 May 2005

ABSTRACT: Hundreds of millions of people suffer from malaria, and more than a million children die of malaria each year. Malaria typically presents with fever and headache, but the presentation often is nonspecific. The diagnosis should be based on blood tests, and thick and thin smears are the standard means of identifying parasites. In some areas, chloroquine still is effective as treatment, but other medications are needed in most parts of the world. Patients with severe disease (altered consciousness, marked anemia, and/or respiratory distress) should begin therapy parenterally. Control measures depend on the use of insecticide-treated bednets, early identification and treatment of symptomatic individuals, and intermittent preventive therapy. Progress continues toward the development of a useful vaccine. .COPYRG. 2005 Elsevier Inc. All rights reserved.

CONTROLLED TERM: Medical Descriptors:  
anemia  
Anopheles  
blood analysis  
breeding  
cardiovascular disease: SI, side effect  
chill  
clinical feature  
clinical trial  
consciousness disorder  
cost benefit analysis  
counseling  
diagnostic accuracy  
diagnostic procedure  
diarrhea: SI, side effect  
disease severity  
dizziness: SI, side effect  
drug efficacy  
drug safety  
dysphoria: SI, side effect  
endemic disease

Serial#: 1058277

enzyme linked immunosorbent assay  
fever  
headache  
health program  
heart arrhythmia: SI, side effect  
human  
hyperinsulinemia: SI, side effect  
hypoglycemia: SI, side effect  
hypotension: SI, side effect  
life cycle  
\*malaria: CN, congenital disorder  
\*malaria: DM, disease management  
\*malaria: DT, drug therapy  
\*malaria: EP, epidemiology  
\*malaria: PC, prevention  
malaria falciparum: DT, drug therapy  
malaria falciparum: EP, epidemiology  
microscopy  
morbidity  
mortality  
myalgia  
nausea: SI, side effect  
nausea and vomiting: SI, side effect  
newborn death  
parasite transmission  
\*pediatrics  
physical disease by body function  
Plasmodium  
polymerase chain reaction  
premature labor  
prevalence  
prophylaxis  
pruritus: SI, side effect  
psychosis: SI, side effect  
pulse rate  
QT prolongation: SI, side effect  
respiratory distress  
review  
rigor  
seizure: SI, side effect  
side effect: SI, side effect  
skin discoloration: SI, side effect  
smear  
vomiting: DT, drug therapy  
vomiting: SI, side effect  
world health organization  
Drug Descriptors:  
'ramet'  
amodiaquine: CB, drug combination  
amodiaquine: DT, drug therapy  
antiemetic agent: DT, drug therapy  
antiemetic agent: IV, intravenous drug administration  
antiemetic agent: PO, oral drug administration  
antimalarial agent: AE, adverse drug reaction  
antimalarial agent: CT, clinical trial  
antimalarial agent: CB, drug combination  
antimalarial agent: DO, drug dose  
antimalarial agent: DT, drug therapy  
artecom  
artemether: DO, drug dose

CONTROLLED TERM:

Serial#: 1058277

artemether: DT, drug therapy  
artemether: IM, intramuscular drug administration  
artemether plus benflumetol: DT, drug therapy  
    artemisinin: CB, drug combination  
    artemisinin: DT, drug therapy  
    artemisinin: IM, intramuscular drug administration  
    artemisinin derivative: DO, drug dose  
    artemisinin derivative: DT, drug therapy  
artesunate: CB, drug combination  
artesunate: DO, drug dose  
artesunate: DT, drug therapy  
artesunate plus chlorproguanil plus dapsone: DT, drug therapy  
atovaquone: CB, drug combination  
atovaquone: DT, drug therapy  
atovaquone plus proguanil: AE, adverse drug reaction  
atovaquone plus proguanil: CT, clinical trial  
atovaquone plus proguanil: DO, drug dose  
atovaquone plus proguanil: DT, drug therapy  
cda  
chloroquine: AE, adverse drug reaction  
chloroquine: CB, drug combination  
chloroquine: DO, drug dose  
chloroquine: DT, drug therapy  
chloroquine: TO, drug toxicity  
chlorproguanil plus dapsone  
clindamycin: CT, clinical trial  
clindamycin: CB, drug combination  
clindamycin: DO, drug dose  
clindamycin: DT, drug therapy  
cv8  
dihydroartemisinin: CB, drug combination  
dihydroartemisinin: DT, drug therapy  
doxycycline: CT, clinical trial  
doxycycline: CB, drug combination  
doxycycline: DO, drug dose  
doxycycline: DT, drug therapy  
fansidar: CT, clinical trial  
fansidar: CB, drug combination  
fansidar: DO, drug dose  
fansidar: DT, drug therapy  
fansimef  
halofantrine: AE, adverse drug reaction  
halofantrine: DO, drug dose  
halofantrine: DT, drug therapy  
malaria vaccine: CT, clinical trial  
malaria vaccine: DT, drug therapy  
mefloquine: AE, adverse drug reaction  
mefloquine: CB, drug combination  
mefloquine: DO, drug dose  
mefloquine: DT, drug therapy  
naphthoquinone: CB, drug combination  
naphthoquinone: DT, drug therapy  
    piperazine: CB, drug combination  
    piperazine: DT, drug therapy  
    primaquine: CB, drug combination  
    primaquine: DO, drug dose  
    primaquine: DT, drug therapy  
    primaquine: PO, oral drug administration  
proguanil: CB, drug combination

Serial#: 1058277

proguanil: DT, drug therapy  
pyronaridine: CB, drug combination  
pyronaridine: DT, drug therapy  
quinidine gluconate: AE, adverse drug reaction  
quinidine gluconate: DO, drug dose  
quinidine gluconate: DT, drug therapy  
quinidine gluconate: IV, intravenous drug administration  
quinidine gluconate: PO, oral drug administration  
quinine: AE, adverse drug reaction  
quinine: CB, drug combination  
quinine: DO, drug dose  
quinine: DT, drug therapy  
quinine: IM, intramuscular drug administration  
quinine: IV, intravenous drug administration  
quinine: PO, oral drug administration  
quinine sulfate: CB, drug combination  
quinine sulfate: DO, drug dose  
quinine sulfate: DT, drug therapy  
quinine sulfate: PO, oral drug administration  
trimethoprim: CB, drug combination  
trimethoprim: DT, drug therapy

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artemether) 71963-77-4; (artemisinin) 63968-64-9; (artesunate) 82864-68-4, 88495-63-0; (atovaquone) 94015-53-9, 95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (clindamycin) 18323-44-9; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (fansimef) 69191-18-0; (halofantrine) 36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2; (mefloquine) 51773-92-3, 53230-10-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5, 637-32-1; (pyronaridine) 74847-35-1; (quinidine gluconate) 7054-25-3; (quinine sulfate) 804-63-7; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1; (trimethoprim) 738-70-5

CHEMICAL NAME: 'ramet'; artecom; cda; coartem; cv8; fansimef; lapdap; malarone

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ACCESSION NUMBER: 2005380171 EMBASE [Full-text](#)

TITLE: Drug discovery and beyond: The role of public-private partnerships in improving access to new malaria medicines.

AUTHOR: Nwaka, Solomon (correspondence)

CORPORATE SOURCE: Medicines for Malaria Venture, P.O. Box 1826, CH-1215 Geneva 15, Switzerland. [nwakas@who.int](mailto:nwakas@who.int)

AUTHOR: Nwaka, Solomon (correspondence)

CORPORATE SOURCE: UNICEF, WHO Special Programme for Research and Training in Tropical Diseases, World Health Organization, 20 Avenue Appia, 1211 Geneva, Switzerland. [nwakas@who.int](mailto:nwakas@who.int)

SOURCE: Transactions of the Royal Society of Tropical Medicine and Hygiene, (2005) Vol. 99, No. SUPPL. 1, pp. S20-S29.  
Refs: 21  
ISSN: 0035-9203 CODEN: TRSTAZ  
S 0035-9203(05)00140-9

PUBLISHER IDENT.: S 0035-9203(05)00140-9

COUNTRY: Netherlands

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology

Serial#: 1058277

036 Health Policy, Economics and Management  
037 Drug Literature Index  
038 Adverse Reactions Titles  
039 Pharmacy  
004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 15 Sep 2005

Last Updated on STN: 15 Sep 2005

**ABSTRACT:** Traditional pharmaceutical research and development (R&D) strategy has failed to address the desperate need for new antimalarial drugs. The populations affected are too poor to attract commercially-driven R&D. Over the last few years, a new model, the public-private partnership for product development, has radically changed the antimalarial R&D landscape. The partnerships bring together academic and industry expertise with funding from governmental, philanthropic and charitable sources. The Medicines for Malaria Venture, a not-for-profit foundation based in Geneva, aims to develop new antimalarials for developing countries through public-private partnership. It is currently managing a portfolio of around 20 projects at various stages of development. However, as in all drug R&D, some of these projects will fail. The portfolio approach helps to maximize the chances of success, but there are obvious challenges, including financial and managerial ones. Proactive management of the two vital interfaces in the drug supply chain is important for success. Upstream, basic research must be aligned with translational research in order to ensure a continuous supply of leads into the development pipeline. Meanwhile, downstream, drug discovery and development must be aligned with access to ensure optimal health impact. All stages require partnership, sustainable financing and the engagement of disease-endemic countries. The recent G8 report on Africa has lent support to mechanisms aimed at improving health and achieving the Millennium Development Goals. .COPYRG.T. 2005 Published by Elsevier Ltd on behalf of Royal Society of Tropical Medicine and Hygiene.

**CONTROLLED TERM:** Medical Descriptors:

article  
clinical study  
clinical trial  
developing country  
drug cost  
drug manufacture  
drug research  
endemic disease  
finance  
health care delivery  
health promotion  
human  
\*malaria: DM, disease management  
\*malaria: DT, drug therapy  
neurotoxicity: SI, side effect  
organization

**CONTROLLED TERM:** Drug Descriptors:

8 aminoquinoline derivative: DT, drug therapy  
amodiaquine: DT, drug therapy  
\*antimalarial agent: DT, drug therapy  
\*antimalarial agent: PE, pharmacoeconomics  
artekin: CT, clinical trial  
artekin: DT, drug therapy  
artekin: PE, pharmacoeconomics  
artemether plus benflumetol: DT, drug therapy

Serial#: 1058277

artemether plus benflumetol: PE, pharmacoeconomics  
artemifone: DT, drug therapy  
    artemisinin derivative: AE, adverse drug reaction  
    artemisinin derivative: DT, drug therapy  
    artemisinin derivative: PO, oral drug  
administration  
    artemisinin derivative: PE, pharmacoeconomics  
artesanate plus chlorproguanil plus dapsone: DT, drug  
therapy  
atovaquone plus proguanil: DT, drug therapy  
atovaquone plus proguanil: PE, pharmacoeconomics  
chloroquine: DT, drug therapy  
chlorproguanil plus dapsone: DT, drug therapy  
chlorproguanil plus dapsone: PE, pharmacoeconomics  
cysteine proteinase inhibitor: DT, drug therapy  
db 289  
db 829: DT, drug therapy  
dihydroartemisinin: CT, clinical trial  
dihydroartemisinin: DT, drug therapy  
dihydroartemisinin: PE, pharmacoeconomics  
dihydrofolate reductase inhibitor: DT, drug therapy  
fansidar: DT, drug therapy  
gw 844520  
halofantrine: DT, drug therapy  
halofantrine: PE, pharmacoeconomics  
imidazolidine derivative: DT, drug therapy  
mefloquine: DT, drug therapy  
mefloquine: PE, pharmacoeconomics  
natural product  
new drug  
    piperazine: CT, clinical trial  
    piperazine: DT, drug therapy  
    piperazine: PE, pharmacoeconomics  
    primaquine: DT, drug therapy  
\*protein farnesyltransferase inhibitor: DT, drug therapy  
pyridone derivative  
pyronaridine: DT, drug therapy  
quinine: DT, drug therapy  
rbx 11160: DT, drug therapy  
rbx 11160: PO, oral drug administration  
rbx 11160: PE, pharmacoeconomics  
unclassified drug  
unindexed drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus  
benflumetol) 141204-94-6; (chloroquine) 132-73-0,  
3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin)  
71939-50-9, 81496-81-3; (fansidar) 37338-39-9;  
(halofantrine) 36167-63-2, 66051-63-6, 66051-74-9,  
66051-76-1, 69756-53-2; (mefloquine) 51773-92-3,  
53230-10-7; (piperazine) 4085-31-8; (primaquine) 90-34-6;  
(pyridone derivative) 694-85-9; (pyronaridine) 74847-35-1;  
(quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4,  
549-49-5, 60-93-5, 7549-43-1  
CHEMICAL NAME: (1) coartem; (2) db 289; (3) gw 844520; (4) lapdap; (5) rbx  
11160; artekin; halfan; malarone  
COMPANY NAME: (1) Novartis; (2) Immtech International; (3) Glaxo  
SmithKline; (4) Glaxo SmithKline; (5) Ranbaxy; Bayer  
(Germany)

reserved on STN

ACCESSION NUMBER: 2005177453 EMBASE Full-text  
 TITLE: Artemisinin for malaria in Vietnam: Aspects of efficacy and safety.  
 AUTHOR: Giao, Phan Trong, Dr. (correspondence); Binh, Tran Quang  
 CORPORATE SOURCE: Department of Tropical Diseases, Cho Ray Hospital, Ho Chi Minh City, Viet Nam. giaothao@hcmc.netnam.vn  
 AUTHOR: De Vries, Peter J.; Kager, Piet A.  
 CORPORATE SOURCE: Div. Infect. Dis., Trop. Med. AIDS, Academic Medical Center, Amsterdam, Netherlands.  
 AUTHOR: Giao, Phan Trong, Dr. (correspondence)  
 CORPORATE SOURCE: Dept. of Tropical Diseases, Cho Ray Hospital, 210B Nguyen Chi Thanh, Q5, Ho Chi Minh City, Viet Nam. giaothao@hcmc.netnam.vn  
 SOURCE: International Journal of Risk and Safety in Medicine, (2004) Vol. 16, No. 4, pp. 217-222.  
 Refs: 42  
 ISSN: 0924-6479 CODEN: IJMDEM  
 COUNTRY: Netherlands  
 DOCUMENT TYPE: Journal; Article  
 FILE SEGMENT: 020 Gerontology and Geriatrics  
 036 Health Policy, Economics and Management  
 037 Drug Literature Index  
 038 Adverse Reactions Titles  
 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English  
 ENTRY DATE: Entered STN: 5 May 2005  
 Last Updated on STN: 5 May 2005  
 ABSTRACT: Malaria is an important aspect of public health in endemic countries, not in the least because malaria control is frustrated by the spreading risk of (multi-)drug resistant malaria. Many strategies and campaigns for malaria control were launched during the last century. However, notwithstanding certain successes, the safety of much of the population the malaria endemic regions is threatened by drug resistant malaria parasites. The current "Global Malaria Control Strategy" aims at application of artemisinin based combination therapy (ACT). Some nations have been particularly successful in applying ACT, such as China, Vietnam, Thailand, and Brazil. Artemisinin derivatives are very effective agents and safe for human use. Fetal neurotoxicity, as was found in animal experiments, has not been observed in humans, but it is acknowledged that data aggregation and post marketing surveillance are not yet optimal to exclude potential risks by the use of ACT. This paper describes a series of studies of the use of artemisinins as monotherapy or in combination with mefloquine or piperazine, also in comparison to a combination of atovaquone/proguanil for the treatment of *P. falciparum* and *P. vivax* malaria in the South of Vietnam. .COPYRGHT. 2004 - IOS Press and the authors. All rights reserved.  
 CONTROLLED TERM: Medical Descriptors:  
 article  
 clinical trial  
 disease control  
 drug efficacy  
 drug elimination  
 drug isolation  
 drug safety  
 drug sensitivity  
 drug use  
 fatality

health care policy  
 health service  
 human  
 incidence  
 infection prevention  
 \*malaria: DM, disease management  
 \*malaria: DR, drug resistance  
 \*malaria: DT, drug therapy  
 \*malaria: ET, etiology  
 \*malaria: PC, prevention  
 medical research  
 monotherapy  
 morbidity  
 mortality  
 patient compliance  
 Plasmodium falciparum  
 Plasmodium vivax  
 toxicity: SI, side effect  
 treatment indication  
 Viet Nam

CONTROLLED TERM:

Drug Descriptors:  
 antimalarial agent: CT, clinical trial  
 antimalarial agent: CM, drug comparison  
 antimalarial agent: DT, drug therapy  
 arteether: DT, drug therapy  
 arteether: IM, intramuscular drug administration  
 artemether: DT, drug therapy  
 artemether: IM, intramuscular drug administration  
 artemether: PO, oral drug administration  
 \*artemisinin: CB, drug combination  
 \*artemisinin: CM, drug comparison  
 \*artemisinin: DV, drug development  
 \*artemisinin: DT, drug therapy  
 \*artemisinin: IM, intramuscular drug administration  
 \*artemisinin: PK, pharmacokinetics  
 artesunate: CB, drug combination  
 artesunate: DT, drug therapy  
 artesunate: IV, intravenous drug administration  
 artesunate: PO, oral drug administration  
 atovaquone: CB, drug combination  
 atovaquone: CM, drug comparison  
 atovaquone: DT, drug therapy  
 atovaquone plus proguanil  
 chloroquine: DT, drug therapy  
 cv 8  
 dihydroartemisinin: CB, drug combination  
 dihydroartemisinin: DT, drug therapy  
 dihydroartemisinin: PO, oral drug administration  
 fansidar  
 mefloquine: CB, drug combination  
 mefloquine: DT, drug therapy  
 piperazine: CB, drug combination  
 piperazine: DT, drug therapy  
 primaquine: CB, drug combination  
 primaquine: DO, drug dose  
 primaquine: DT, drug therapy  
 proguanil: AE, adverse drug reaction  
 proguanil: CT, clinical trial  
 proguanil: CB, drug combination  
 proguanil: CM, drug comparison

Serial#: 1058277

proguanil: DT, drug therapy  
quinine  
trimethoprim: CB, drug combination  
trimethoprim: DT, drug therapy  
unclassified drug  
CAS REGISTRY NO.: (arteether) 75887-54-6; (artemether) 71963-77-4;  
(artemisinin) 63968-64-9; (artesunate) 82864-68-4,  
88495-63-0; (atovaquone) 94015-53-9, 95233-18-4;  
(chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7;  
(dihydroartemisinin) 71939-50-9, 81496-81-3; (fansidar)  
37338-39-9; (mefloquine) 51773-92-3, 53230-10-7;  
(piperazine) 4085-31-8; (primaquine) 90-34-6; (proguanil)  
500-92-5, 637-32-1; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(trimethoprim) 738-70-5  
CHEMICAL NAME: cv 8; malarone

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ACCESSION NUMBER: 2004398992 EMBASE Full-text  
TITLE: Medicines for Malaria Venture new developments in antimalarials.  
AUTHOR: Nwaka, Solomon; Riopel, Lise; Ubben, David; Craft, J. Carl (correspondence)  
CORPORATE SOURCE: Medicines for Malaria Venture, Route de Pre-Bois 20, CH-1215 Geneva 15, Switzerland. craftjc@mmv.org  
SOURCE: Travel Medicine and Infectious Disease, (Aug 2004) Vol. 2, No. 3-4, pp. 161-170.  
Refs: 27  
ISSN: 1477-8939 CODEN: TMIDA4  
PUBLISHER IDENT.: S 1477-8939(04)00036-5  
COUNTRY: United States  
DOCUMENT TYPE: Journal, Article  
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
036 Health Policy, Economics and Management  
037 Drug Literature Index  
038 Adverse Reactions Titles  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 7 Oct 2004  
Last Updated on STN: 7 Oct 2004

ABSTRACT: Choosing appropriate chemoprophylaxis and stand-by treatment for travelers will remain a problem for the near future because of resistant Plasmodium falciparum. For those who live in the malaria endemic regions of the world it is a matter of life and death, but the future looks bright for control of malaria because of the development of organizations like MMV and their ability to forge suitable partnerships to tackle really big problems. This would not be possible if it were not for the MMV Stakeholders who provide the funding necessary for the discovery and development of new drugs. Malaria is a difficult problem but even if only a few of the potential drugs in the MMV pipeline become drugs, the control of malaria may again become possible.  
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CONTROLLED TERM: Medical Descriptors:  
antibiotic resistance  
article  
chemoprophylaxis  
clinical trial

cooperation  
 death  
 drug bioavailability  
 drug cost  
 drug efficacy  
 drug half life  
 drug research  
 drug safety  
 drug synthesis  
 endemic disease: DR, drug resistance  
 endemic disease: DT, drug therapy  
 endemic disease: ET, etiology  
 endemic disease: PC, prevention  
 financial management  
 good manufacturing practice  
 health care organization  
 heart disease: SI, side effect  
 hematologic disease: SI, side effect  
 human  
 infection control  
 injection pain: SI, side effect  
 \*malaria falciparum: DM, disease management  
 \*malaria falciparum: DR, drug resistance  
 \*malaria falciparum: DT, drug therapy  
 \*malaria falciparum: ET, etiology  
 \*malaria falciparum: PC, prevention  
 medical decision making  
 neurologic disease: SI, side effect  
 patient compliance  
 photosensitivity: SI, side effect  
 Plasmodium falciparum  
 Plasmodium vivax  
 priority journal  
 tooth disease: SI, side effect  
 travel

CONTROLLED TERM:

Drug Descriptors:  
 2,5 bis(4 aminophenyl)furan: CT, clinical trial  
 2,5 bis(4 aminophenyl)furan: DV, drug development  
 2,5 bis(4 aminophenyl)furan: DT, drug therapy  
 8 aminoquinoline derivative: DV, drug development  
 8 aminoquinoline derivative: DT, drug therapy  
 acridine derivative: CB, drug combination  
 acridine derivative: DV, drug development  
 acridine derivative: DT, drug therapy  
 amodiaquine: DV, drug development  
 amodiaquine: DT, drug therapy  
 \*antimalarial agent: CT, clinical trial  
 \*antimalarial agent: CB, drug combination  
 \*antimalarial agent: DV, drug development  
 \*antimalarial agent: DT, drug therapy  
 \*antimalarial agent: IV, intravenous drug administration  
 \*antimalarial agent: PO, oral drug administration  
 \*antimalarial agent: PE, pharmacoeconomics  
 \*antimalarial agent: PK, pharmacokinetics  
 artemether plus benflumetol: DV, drug development  
 artemether plus benflumetol: DT, drug therapy  
 artemether plus benflumetol: PE, pharmacoeconomics  
 artemisinin derivative: AE, adverse drug reaction  
 artemisinin derivative: CT, clinical trial  
 artemisinin derivative: DV, drug development

Serial#: 1058277

artemisinin derivative: DT, drug therapy  
artemisinin derivative: PO, oral drug administration  
artemisinin derivative: PE, pharmacoeconomics  
artemisinin derivative: PK, pharmacokinetics  
artemisine: AE, adverse drug reaction  
artemisine: CT, clinical trial  
artemisine: DV, drug development  
artemisine: DT, drug therapy  
artemisine: PE, pharmacoeconomics  
artemisine: PK, pharmacokinetics  
artesunate: AE, adverse drug reaction  
artesunate: CT, clinical trial  
artesunate: CB, drug combination  
artesunate: CM, drug comparison  
artesunate: DV, drug development  
artesunate: DT, drug therapy  
artesunate: IV, intravenous drug administration  
chloroquine: DT, drug therapy  
chlorproguanil plus dapsone: DV, drug development  
chlorproguanil plus dapsone: DT, drug therapy  
DB 289  
diamidine derivative: CT, clinical trial  
diamidine derivative: DV, drug development  
diamidine derivative: DT, drug therapy  
dihydroartemisinin: CT, clinical trial  
dihydroartemisinin: CB, drug combination  
dihydroartemisinin: DV, drug development  
dihydroartemisinin: DT, drug therapy  
dihydroartemisinin: PE, pharmacoeconomics  
dihydrofolate reductase inhibitor: DV, drug development  
dihydrofolate reductase inhibitor: DT, drug therapy  
doxycycline: DT, drug therapy  
fansidar: DT, drug therapy  
furan derivative: CT, clinical trial  
furan derivative: DV, drug development  
furan derivative: DT, drug therapy  
hematin: EC, endogenous compound  
isoquine: DV, drug development  
isoquine: DT, drug therapy  
pentamidine: CT, clinical trial  
pentamidine: DV, drug development  
pentamidine: DT, drug therapy  
piperazine: CT, clinical trial  
piperazine: CB, drug combination  
piperazine: DV, drug development  
piperazine: DT, drug therapy  
piperazine: PE, pharmacoeconomics  
primaquine: AE, adverse drug reaction  
primaquine: DT, drug therapy  
protein farnesyltransferase inhibitor: DV, drug development  
protein farnesyltransferase inhibitor: DT, drug therapy  
pyonaridine: CB, drug combination  
pyonaridine: DV, drug development  
pyonaridine: DT, drug therapy  
pyridone derivative: DV, drug development  
pyridone derivative: DT, drug therapy  
quinidine: AE, adverse drug reaction  
quinidine: CM, drug comparison  
quinidine: DT, drug therapy

Serial#: 1058277

quinidine: IM, intramuscular drug administration  
quinidine: PK, pharmacokinetics  
quinine: AE, adverse drug reaction  
quinine: CM, drug comparison  
quinine: DT, drug therapy  
quinine: IM, intramuscular drug administration  
quinine: PK, pharmacokinetics  
rbx 11160: AE, adverse drug reaction  
rbx 11160: CT, clinical trial  
rbx 11160: DV, drug development  
rbx 11160: DT, drug therapy  
rbx 11160: PO, oral drug administration  
rbx 11160: PE, pharmacoeconomics  
rbx 11160: PK, pharmacokinetics  
tetracycline derivative: AE, adverse drug reaction  
tetracycline derivative: DV, drug development  
tetracycline derivative: DT, drug therapy  
unclassified drug  
unindexed drug

CAS REGISTRY NO.: (acridine derivative) 34708-10-6; (amodiaquine) 69-44-3, 86-42-0; (artemether plus benflumetol) 141204-94-6; (artesunate) 82864-68-4, 88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dihydroartemisinin) 71939-50-9, 81496-81-3; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0; (fansidar) 37338-39-9; (hematin) 15489-90-4; (pentamidine) 100-33-4; (piperaquine) 4085-31-8; (primaquine) 90-34-6; (pyridone derivative) 694-85-9; (quinidine) 56-54-2; (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1  
CHEMICAL NAME: (1) coartem; (2) rbx 11160; DB 289; lapdap  
COMPANY NAME: (1) Novartis; (2) Ranbaxy (India); Bayer (Germany); Glaxo SmithKline; paratek; Walter Reed

L142 ANSWER 27 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN  
ACCESSION NUMBER: 2004038922 EMBASE Full-text  
TITLE: A systematic overview of published antimalarial drug trials.  
AUTHOR: Myint, Hla Yin; Tipmanee, Prakaykaew; Nosten, Francois; Day, Nicholas P.J.; Pukrittayakamee, Sasithon; Looareesuwan, Sornchai; White, Nicholas J. (correspondence)  
CORPORATE SOURCE: Faculty of Tropical Medicine, Mahidol University, 420/6 Rajvithi Rd., Bangkok 10400, Thailand. fnnjw@diamond.mahidol.ac.th  
AUTHOR: Nosten, Francois  
CORPORATE SOURCE: Shokio Malaria Research Unit, Mae Sot, Tak, Thailand.  
AUTHOR: Nosten, Francois; Day, Nicholas P.J.; White, Nicholas J. (correspondence)  
CORPORATE SOURCE: Ctr. of Trop. Ctr. for Tropical Med., Nuffield Dept. of Clinical Medicine, John Radcliffe Hospital, Oxford, United Kingdom. fnnjw@diamond.mahidol.ac.th  
SOURCE: Transactions of the Royal Society of Tropical Medicine and Hygiene, (Feb 2004) Vol. 98, No. 2, pp. 73-81.  
Refs: 19  
ISSN: 0035-9203 CODEN: TRSTAZ  
COUNTRY: Netherlands  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
037 Drug Literature Index

Serial#: 1058277

038 Adverse Reactions Titles  
004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology

LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 20 Feb 2004  
Last Updated on STN: 20 Feb 2004

ABSTRACT: Systematic database searches identified 435 antimalarial drug treatment trials, involving 82 616 patients, conducted and published between 1966 and December 2002. Of these trials 72% were randomised; 64 (15%) trials involved severe malaria, 47 (11%) studied *Plasmodium vivax*, 3 *Plasmodium malariae* or *Plasmodium ovale*, and the remainder (74%) assessed treatment responses in uncomplicated *falciparum* malaria. Twelve trials (2.7%) specifically evaluated antimalarial treatments in pregnant women. Overall 49% of trials were conducted in Asia (29% from Thailand alone) and 42% in Africa. Half of all the patients studied had been in trials published in the past 7 years. There has been a recent rise in the proportion of trial enrolling children, and a tripling in the average number of patients recruited per trial (from approximately 100 in the 1970s to 300 currently). Chloroquine was given to over half the patients in antimalarial drug trials (n = 53552) compared with artemisinin derivatives (n = 12463), mefloquine-sulphadoxine-pyrimethamine (n = 9153), mefloquine (n = 5546) and sulphadoxine-pyrimethamine (n = 5909). The quality of safety and efficacy data for recently evaluated drugs contrasts with a relative paucity of data for older 'established' compounds. .COPYRG. 2003 Royal Society of Tropical Medicine and Hygiene. Published by Elsevier Ltd. All rights reserved.

CONTROLLED TERM: Medical Descriptors:  
adult  
Africa  
Asia  
child  
clinical trial  
disease severity  
drug efficacy  
drug response  
drug safety  
follow up  
geographic distribution  
human  
\*malaria: DT, drug therapy  
*Plasmodium falciparum*  
*Plasmodium malariae*  
*Plasmodium ovale*  
*Plasmodium vivax*  
pregnancy  
review  
side effect: SI, side effect  
statistical analysis  
Thailand  
treatment failure

CONTROLLED TERM: Drug Descriptors:  
amodiaquine: CT, clinical trial  
amodiaquine: DT, drug therapy  
\*antimalarial agent: AE, adverse drug reaction  
\*antimalarial agent: CT, clinical trial  
\*antimalarial agent: CB, drug combination  
\*antimalarial agent: CM, drug comparison  
\*antimalarial agent: DT, drug therapy  
arteether: CT, clinical trial

arteether: DT, drug therapy  
 artemether: AE, adverse drug reaction  
 artemether: CT, clinical trial  
 artemether: DT, drug therapy  
 artemether plus benflumetol: AE, adverse drug reaction  
 artemether plus benflumetol: CT, clinical trial  
 artemether plus benflumetol: DT, drug therapy  
     artemisinin: CT, clinical trial  
     artemisinin: CM, drug comparison  
     artemisinin: DT, drug therapy  
 artesunate: AE, adverse drug reaction  
 artesunate: CT, clinical trial  
 artesunate: CB, drug combination  
 artesunate: DT, drug therapy  
 atovaquone: CT, clinical trial  
 atovaquone: DT, drug therapy  
 atovaquone plus proguanil: DT, drug therapy  
 chloroquine: CT, clinical trial  
 chloroquine: CB, drug combination  
 chloroquine: CM, drug comparison  
 chloroquine: DT, drug therapy  
 chlorproguanil: CT, clinical trial  
 chlorproguanil: DT, drug therapy  
 chlorproguanil plus dapsone: CT, clinical trial  
 chlorproguanil plus dapsone: DT, drug therapy  
 clindamycin: CT, clinical trial  
 clindamycin: CB, drug combination  
 clindamycin: DT, drug therapy  
 cycloguanil: CT, clinical trial  
 cycloguanil: DT, drug therapy  
 dihydroartemisinin: CT, clinical trial  
 dihydroartemisinin: CB, drug combination  
 dihydroartemisinin: DT, drug therapy  
 doxycycline: CT, clinical trial  
 doxycycline: CB, drug combination  
 doxycycline: DT, drug therapy  
 fansidar: CT, clinical trial  
 fansidar: CM, drug comparison  
 fansidar: DT, drug therapy  
 fansimef: AE, adverse drug reaction  
 fansimef: CT, clinical trial  
 fansimef: CM, drug comparison  
 fansimef: DT, drug therapy  
 halofantrine: CT, clinical trial  
 halofantrine: DT, drug therapy  
 maloprim  
 mefloquine: AE, adverse drug reaction  
 mefloquine: CT, clinical trial  
 mefloquine: CB, drug combination  
 mefloquine: CM, drug comparison  
 mefloquine: DT, drug therapy  
 metakelfin: CT, clinical trial  
 metakelfin: DT, drug therapy  
     piperaquine: CT, clinical trial  
     piperaquine: CB, drug combination  
     piperaquine: DT, drug therapy  
     primaquine: CT, clinical trial  
     primaquine: CB, drug combination  
     primaquine: DT, drug therapy  
 pyrimethamine: CT, clinical trial

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pyrimethamine: DT, drug therapy  
pyronaridine: CT, clinical trial  
pyronaridine: DT, drug therapy  
quinidine: CT, clinical trial  
quinidine: DT, drug therapy  
quinine: AE, adverse drug reaction  
quinine: CT, clinical trial  
quinine: CB, drug combination  
quinine: DT, drug therapy  
tetracycline: CT, clinical trial  
tetracycline: CB, drug combination  
tetracycline: DT, drug therapy  
(amodiaquine) 69-44-3, 86-42-0; (arteether) 75887-54-6;  
(artemether plus benflumetol) 141204-94-6; (artemether)  
71963-77-4; (artemisinin) 63968-64-9; (artesunate)  
82864-68-4, 88495-63-0; (atovaquone) 94015-53-9,  
95233-18-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5,  
54-05-7; (chlorproguanil) 537-21-3; (clindamycin)  
18323-44-9; (cycloguanil) 516-21-2; (dihydroartemisinin)  
71939-50-9, 81496-81-3; (doxycycline) 10592-13-9,  
17086-28-1, 564-25-0; (fansidar) 37338-39-9; (fansimef)  
69191-18-0; (halofantrine) 36167-63-2, 66051-63-6,  
66051-74-9, 66051-76-1, 69756-53-2; (maloprim) 37357-69-0;  
(mefloquine) 51773-92-3, 53230-10-7; (metakelfin)  
81247-66-7; (piperaquine) 4085-31-8; (primaquine) 90-34-6;  
(pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine)  
74847-35-1; (quinidine) 56-54-2; (quinine) 130-89-2,  
130-95-0, 14358-44-2, 549-48-4, 549-49-5, 60-93-5,  
7549-43-1; (tetracycline) 23843-90-5, 60-54-8, 64-75-5

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ACCESSION NUMBER: 2003305186 EMBASE [Full-text](#)  
TITLE: Chloroquine and artemisinin: Six decades of research - What next?  
AUTHOR: Benoit-Vical, Francoise (correspondence); Meunier, Bernard  
CORPORATE SOURCE: Lab. de Chimie de Coord. du CNRS, 205 Route de Narbonne, 31077 Toulouse Cedex 4, France. francoise.vical@toulouse.inserm.fr  
AUTHOR: Delhaes, Laurence  
CORPORATE SOURCE: EA3609-Ecologie du Parasitisme, IFR 17, Institut Pasteur de Lille, 1 rue du Pr Calmette, 59019 Lille Cedex, France.  
AUTHOR: Delhaes, Laurence; Camus, Daniel  
CORPORATE SOURCE: Universite Lille 2, Lab. de Parasitologie-Mycologie, Faculte de Medecine, 1 Place de Verdun, 59045 Lille Cedex 2, France.  
AUTHOR: Benoit-Vical, Francoise (correspondence)  
CORPORATE SOURCE: Lab. de Parasitologie-Mycologie, CHU Rangueil, 1 Avenue J Poulhes, 31059 Toulouse Cedex 9, France. francoise.vical@toulouse.inserm.fr  
AUTHOR: Capron, Monique  
CORPORATE SOURCE: INSERM U 547, IFR 17, Institut Pasteur de Lille, 1 rue du Pr Calmette, 59019 Lille Cedex, France.  
SOURCE: IDrugs, (1 Jul 2003) Vol. 6, No. 7, pp. 674-680.  
Refs: 92  
ISSN: 1369-7056 CODEN: IDRUFN  
Country: United Kingdom  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 030 Clinical and Experimental Pharmacology  
036 Health Policy, Economics and Management

Serial#: 1058277

037 Drug Literature Index  
038 Adverse Reactions Titles  
004 Microbiology: Bacteriology, Mycology, Parasitology  
and Virology

LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 14 Aug 2003  
Last Updated on STN: 14 Aug 2003

ABSTRACT: Over the next decade drugs will remain the focus of continuous efforts to control malaria, with a contribution from pharmacogenomic development. Quinine, extracted from Cinchona bark, has been the source for aminoquinoline drugs such as chloroquine; more recently, artemisinin extracted from Artemisia allowed the design of artemisinin mimics containing a trioxane structure. Here, we examine parallels between chloroquine and artemisinin in terms of pharmacological target discovery, mechanism of action and parasite resistance. The widespread use of chloroquine has dramatically reduced its therapeutic response, thus recent strategies are based on artemisinin combinations.

CONTROLLED TERM: Medical Descriptors:  
Artemisia  
chemotherapy  
Cinchona  
disease resistance  
drug accumulation  
drug cost  
drug efficacy  
drug elimination  
drug half life  
drug mechanism  
drug potentiation  
drug safety  
drug tolerability  
drug use  
human  
in vitro study  
in vivo study  
\*malaria: DM, disease management  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: PC, prevention  
malaria control  
medical research  
nonhuman  
pharmacogenomics  
Plasmodium  
prophylaxis  
review  
side effect: SI, side effect  
single drug dose

CONTROLLED TERM: Drug Descriptors:  
aminoquinoline derivative: AE, adverse drug reaction  
aminoquinoline derivative: AN, drug analysis  
aminoquinoline derivative: CB, drug combination  
aminoquinoline derivative: DV, drug development  
aminoquinoline derivative: IT, drug interaction  
aminoquinoline derivative: DT, drug therapy  
aminoquinoline derivative: PE, pharmacoeconomics  
aminoquinoline derivative: PK, pharmacokinetics  
aminoquinoline derivative: PD, pharmacology

amodiaquine: CB, drug combination  
 amodiaquine: DT, drug therapy  
 amodiaquine: PD, pharmacology  
 antimalarial agent: AE, adverse drug reaction  
 antimalarial agent: AN, drug analysis  
 antimalarial agent: CB, drug combination  
 antimalarial agent: DV, drug development  
 antimalarial agent: DO, drug dose  
 antimalarial agent: IT, drug interaction  
 antimalarial agent: DT, drug therapy  
 antimalarial agent: PE, pharmacoeconomics  
 antimalarial agent: PK, pharmacokinetics  
 antimalarial agent: PD, pharmacology  
 artecom: CB, drug combination  
 artecom: DT, drug therapy  
 artemether: CB, drug combination  
 artemether: DT, drug therapy  
 artemether plus benflumetol: CB, drug combination  
 artemether plus benflumetol: DT, drug therapy  
 artemether plus benflumetol: PD, pharmacology  
 \*artemisinin: CB, drug combination  
 \*artemisinin: DV, drug development  
 \*artemisinin: DT, drug therapy  
 \*artemisinin: PE, pharmacoeconomics  
 \*artemisinin: PK, pharmacokinetics  
 \*artemisinin: PD, pharmacology  
 artemisinin derivative: CB, drug combination  
 artemisinin derivative: DV, drug development  
 artemisinin derivative: DT, drug therapy  
 artemisinin derivative: PE, pharmacoeconomics  
 artemisinin derivative: PK, pharmacokinetics  
 artemisinin derivative: PD, pharmacology  
 artesunate: CB, drug combination  
 artesunate: DT, drug therapy  
 artesunate: PD, pharmacology  
 atovaquone plus proguanil  
 \*chloroquine: AE, adverse drug reaction  
 \*chloroquine: AN, drug analysis  
 \*chloroquine: CB, drug combination  
 \*chloroquine: DV, drug development  
 \*chloroquine: IT, drug interaction  
 \*chloroquine: DT, drug therapy  
 \*chloroquine: PE, pharmacoeconomics  
 \*chloroquine: PK, pharmacokinetics  
 \*chloroquine: PD, pharmacology  
 chloroquine plus proguanil  
 chlorproguanil: CB, drug combination  
 chlorproguanil: DT, drug therapy  
 chlorproguanil plus dapsone: DT, drug therapy  
 clindamycin: CB, drug combination  
 clindamycin: DT, drug therapy  
 clindamycin: PD, pharmacology  
 dapsone: CB, drug combination  
 dapsone: DT, drug therapy  
 dihydroartemisinin: CB, drug combination  
 dihydroartemisinin: DO, drug dose  
 dihydroartemisinin: DT, drug therapy  
 dihydroartemisinin: PD, pharmacology  
 fansidar  
 halofantrine: PD, pharmacology

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malaria vaccine: DT, drug therapy  
mefloquine: CB, drug combination  
mefloquine: DT, drug therapy  
naphthoquinone: CB, drug combination  
naphthoquinone: DO, drug dose  
naphthoquinone: DT, drug therapy  
    piperazine: CB, drug combination  
    piperazine: DT, drug therapy  
    piperazine: PD, pharmacology  
    primaquine: CB, drug combination  
    primaquine: DT, drug therapy  
pyrimethamine: CB, drug combination  
pyrimethamine: DT, drug therapy  
pyrimethamine: PD, pharmacology  
pyronaridine: CB, drug combination  
pyronaridine: DT, drug therapy  
pyronaridine: PD, pharmacology  
quinine  
sulfadoxine: CB, drug combination  
sulfadoxine: DT, drug therapy  
sulfadoxine: PD, pharmacology  
tetracycline: CB, drug combination  
tetracycline: DT, drug therapy  
tetracycline: PD, pharmacology  
trimethoprim: CB, drug combination  
trimethoprim: DT, drug therapy  
trimethoprim: PD, pharmacology  
trioxane derivative: PD, pharmacology  
unclassified drug  
unindexed drug  
verapamil: IT, drug interaction  
CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemether plus  
benflumetol) 141204-94-6; (artemether) 71963-77-4;  
(artemisinin) 63968-64-9; (artesunate) 82864-68-4,  
88495-63-0; (chloroquine) 132-73-0, 3545-67-3, 50-63-5,  
54-05-7; (chlorproguanil) 537-21-3; (clindamycin)  
18323-44-9; (dapsone) 80-08-0; (dihydroartemisinin)  
71939-50-9, 81496-81-3; (fansidar) 37338-39-9;  
(halofantrine) 36167-63-2, 66051-63-6, 66051-74-9,  
66051-76-1, 69756-53-2; (mefloquine) 51773-92-3,  
53230-10-7; (piperazine) 4085-31-8; (primaquine) 90-34-6;  
(pyrimethamine) 53640-38-3, 58-14-0; (pyronaridine)  
74847-35-1; (quinine) 130-89-2, 130-95-0, 14358-44-2,  
549-48-4, 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine)  
2447-57-6; (tetracycline) 23843-90-5, 60-54-8, 64-75-5;  
(trimethoprim) 738-70-5; (verapamil) 152-11-4, 52-53-9  
CHEMICAL NAME: fansidar; malarone; savarine

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ACCESSION NUMBER: 2003220164 EMBASE Full-text  
TITLE: Determination of pyronaridine in whole blood by automated solid phase extraction and high-performance liquid chromatography.  
AUTHOR: Blessborn, Daniel; Lindegardh, Niklas; Bergqvist, Yngve, Prof. (correspondence)  
CORPORATE SOURCE: Dalarna University College, SE-781 88 Borlange, Sweden. ybq@du.se  
AUTHOR: Blessborn, Daniel; Lindegardh, Niklas; Bergqvist, Yngve, Prof. (correspondence)

Serial#: 1058277

CORPORATE SOURCE: Department of Analytical Chemistry, Uppsala University,  
Uppsala, Sweden. ybq@edu.se  
AUTHOR: Ericsson, Orjan; Hellgren, Urban  
CORPORATE SOURCE: Division of Clinical Pharmacology, Karolinska Institute,  
Huddinge University Hospital, Huddinge, Sweden.  
SOURCE: Therapeutic Drug Monitoring, (Jun 2003) Vol. 25, No. 3, pp.  
264-270.  
Refs: 13  
ISSN: 0163-4356 CODEN: TDMODV  
COUNTRY: United States  
DOCUMENT TYPE: Journal; Article  
FILE SEGMENT: 027 Biophysics, Bioengineering and Medical  
Instrumentation  
029 Clinical and Experimental Biochemistry  
037 Drug Literature Index  
LANGUAGE: English  
SUMMARY LANGUAGE: English  
ENTRY DATE: Entered STN: 26 Jun 2003  
Last Updated on STN: 26 Jun 2003

ABSTRACT: A new extraction procedure for the analysis of pyronaridine in whole blood is presented. A weak cation exchanger with a carboxylic acid (CBA) sorbent was found to be a suitable solid phase sorbent for the extraction of pyronaridine. Highperformance liquid chromatography with UV detection at 278 nm and an electrochemical detector at +0.75 V is used. The electrochemical detector gives higher selectivity than the UV detector. The separation was performed using a C18 reversed phase column with mobile phase of acetonitrile - phosphate buffer (0.01 mol/L, pH 2.5) sodium perchlorate (1.0 mol/L; 22:77: 1, v/v/v). The within-day RSDs were below 5% at all concentration levels between 75 nmol/L and 1500 nmol/L, and the between-day RSDs were below 14% at all concentration levels. The limit of quantification was about 50 nmol/L in 1000  $\mu$ L whole blood with an RSD of 20% or less on a day-to-day basis. The stability of pyronaridine is increased if the pH is less than 3 in water solutions. In whole blood, the concentration decreases by about 10% for each freezethaw cycle performed. At room temperature (about 22°C), pyronaridine concentration in whole blood decreases by about 10% within 12 to 24 hours.

CONTROLLED TERM: Medical Descriptors:  
adsorption  
article  
blood analysis  
cation exchange  
drug determination  
drug selectivity  
drug stability  
extraction  
\*high performance liquid chromatography  
human  
human tissue  
malaria  
pH  
priority journal  
\*solid phase extraction  
ultraviolet radiation  
CONTROLLED TERM: Drug Descriptors:  
acetonitrile  
amodiaquine: AN, drug analysis  
\*antimalarial agent: AN, drug analysis  
artemisinin: AN, drug analysis  
benflumetol: AN, drug analysis

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biguanide derivative: AN, drug analysis  
\*carboxylic acid  
chloroquine: AN, drug analysis  
cycloguanil: AN, drug analysis  
deethylchloroquine: AN, drug analysis  
halofantrine: AN, drug analysis  
mefloquine: AN, drug analysis  
phosphate  
  piperazine: AN, drug analysis  
  primaquine: AN, drug analysis  
proguanil: AN, drug analysis  
\*pyronaridine: AN, drug analysis  
\*pyronaridine: CR, drug concentration  
\*pyronaridine: DO, drug dose  
quinine: AN, drug analysis  
sulfadoxine: AN, drug analysis  
tafenoquine: AN, drug analysis  
CAS REGISTRY NO.: (acetoneitrile) 75-05-8; (amodiaquine) 69-44-3, 86-42-0;  
(artemisinin) 63968-64-9; (benflumetol) 82186-77-4;  
(chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7;  
(cycloguanil) 516-21-2; (deethylchloroquine) 1476-52-4;  
(halofantrine) 36167-63-2, 66051-63-6, 66051-74-9,  
66051-76-1, 69756-53-2; (mefloquine) 51773-92-3,  
53230-10-7; (phosphate) 14066-19-4, 14265-44-2;  
(piperazine) 4085-31-8; (primaquine) 90-34-6; (proguanil)  
500-92-5, 637-32-1; (pyronaridine) 74847-35-1; (quinine)  
130-89-2, 130-95-0, 14358-44-2, 549-48-4, 549-49-5,  
60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6; (tafenoquine)  
106635-80-7, 106635-81-8  
COMPANY NAME: Sigma (United States)  
NAME OF PRODUCT: (1) ASPEC XL  
COMPANY NAME: (1) Gilson (United States)

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ACCESSION NUMBER: 2002311492 EMBASE Full-text  
TITLE: Malaria: Current status of control, diagnosis, treatment, and a proposed agenda for research and development.  
AUTHOR: Guerin, Philippe J, Dr. (correspondence)  
CORPORATE SOURCE: Norwegian Institute of Public Health, Epicentre, Paris, France. philippe.guerin@fhi.no  
AUTHOR: Olliaro, Piero  
CORPORATE SOURCE: UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, Communicable Diseases Cluster, Geneva, Switzerland.  
AUTHOR: Nosten, Francois; White, Nicholas J  
CORPORATE SOURCE: Wellcome Trust-Mahidol University Oxford Tropical Medicine Research Programme, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.  
AUTHOR: Druilhe, Pierre  
CORPORATE SOURCE: Bio-medical Parasitology Unit, Institut Pasteur, Paris, France.  
AUTHOR: Laxminarayan, Ramanan  
CORPORATE SOURCE: Resources for the Future, Washington, DC, United States.  
AUTHOR: Binka, Fred  
CORPORATE SOURCE: School of Public Health, University of Ghana, Legon, Ghana.  
AUTHOR: Kilama, Wen L  
CORPORATE SOURCE: African Malaria Network Trust, Tanzania Commission for Science and Technology Building, Dar es Salaam, Tanzania, United Republic of.

AUTHOR: Ford, Nathan  
 CORPORATE SOURCE: Medecins Sans Frontieres, London, United Kingdom.  
 AUTHOR: White, Nicholas J  
 CORPORATE SOURCE: DND Working Group/Medecins Sans Frontieres, Geneva, Switzerland.  
 SOURCE: Lancet Infectious Diseases, (Sep 2002) Vol. 2, No. 9, pp. 564-573.  
 Refs: 109  
 ISSN: 1473-3099 CODEN: LIDABP  
 COUNTRY: United Kingdom  
 DOCUMENT TYPE: Journal; General Review; (Review)  
 FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
 037 Drug Literature Index  
 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English  
 ENTRY DATE: Entered STN: 19 Sep 2002  
 Last Updated on STN: 19 Sep 2002

ABSTRACT: Rolling back malaria is possible. Tools are available but they are not used. Several countries deploy, as their national malaria control treatment policy, drugs that are no longer effective. New and innovative methods of vector control, diagnosis, and treatment should be developed, and work towards development of new drugs and a vaccine should receive much greater support. But the pressing need, in the face of increasing global mortality and general lack of progress in malaria control, is research into the best methods of deploying and using existing approaches, particularly insecticide-treated mosquito nets, rapid methods of diagnosis, and artemisinin-based combination treatments. Evidence on these approaches should provide national governments and international donors with the cost-benefit information that would justify much-needed increases in global support for appropriate and effective malaria control.

CONTROLLED TERM: Medical Descriptors:  
 algorithm  
 diagnostic accuracy  
 diagnostic procedure  
 health care policy  
 \*malaria: DI, diagnosis  
 \*malaria: DR, drug resistance  
 \*malaria: DT, drug therapy  
 malaria control  
 medical research  
 priority journal  
 review  
 vector control  
 CONTROLLED TERM: Drug Descriptors:  
 8 aminoquinoline derivative: DT, drug therapy  
 amodiaquine: CB, drug combination  
 amodiaquine: DT, drug therapy  
 antimalarial agent: DT, drug therapy  
 artelinic acid: DT, drug therapy  
 artemether: CB, drug combination  
 artemether: DT, drug therapy  
 \*artemisinin: DT, drug therapy  
 artesunate: DT, drug therapy  
 atovaquone: DT, drug therapy  
 benflumetol: CB, drug combination  
 benflumetol: DT, drug therapy  
 \*chloroquine: DT, drug therapy

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chlorproguanil: DT, drug therapy  
dapsone: DT, drug therapy  
dihydroartemisinin: CB, drug combination  
dihydroartemisinin: DT, drug therapy  
folic acid antagonist: DT, drug therapy  
fosfomycin: DT, drug therapy  
\*malaria vaccine: DT, drug therapy  
mefloquine: DT, drug therapy  
    piperazine: CB, drug combination  
    piperazine: DT, drug therapy  
    primaquine: DT, drug therapy  
pyronaridine: CB, drug combination  
pyronaridine: DT, drug therapy  
quinoline derivative: DT, drug therapy  
tafenoquine: DT, drug therapy  
\*vaccine: DT, drug therapy  
CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artelinic acid)  
120020-26-0; (artemether) 71963-77-4; (artemisinin)  
63968-64-9; (artesunate) 82864-68-4, 88495-63-0;  
(atovaquone) 94015-53-9, 95233-18-4; (benflumetol)  
82186-77-4; (chloroquine) 132-73-0, 3545-67-3, 50-63-5,  
54-05-7; (chlorproguanil) 537-21-3; (dapsone) 80-08-0;  
(dihydroartemisinin) 71939-50-9, 81496-81-3; (fosfomycin)  
23155-02-4; (mefloquine) 51773-92-3, 53230-10-7;  
(piperazine) 4085-31-8; (primaquine) 90-34-6;  
(pyronaridine) 74847-35-1; (tafenoquine) 106635-80-7,  
106635-81-8  
CHEMICAL NAME: spf 66

L142 ANSWER 31 of 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN  
ACCESSION NUMBER: 1997031944 EMBASE Full-text  
TITLE: Principles of management of drug sensitive, resistive and prophylaxis of malaria.  
AUTHOR: Taneja, D.K. (correspondence); Salhan, R.N.; Talib, V.H.  
CORPORATE SOURCE: Department of Paediatrics, Safdarjang Hospital, New Delhi 110029, India.  
SOURCE: Indian Journal of Pathology and Microbiology, (1996) Vol. 39, No. 5, pp. 481-491.  
Refs: 39  
ISSN: 0377-4929 CODEN: IJPBAR  
COUNTRY: India  
DOCUMENT TYPE: Journal; Conference Article; (Conference paper)  
FILE SEGMENT: 037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
LANGUAGE: English  
ENTRY DATE: Entered STN: 10 Mar 1997  
Last Updated on STN: 10 Mar 1997  
CONTROLLED TERM: Medical Descriptors:  
conference paper  
human  
\*malaria: DR, drug resistance  
\*malaria: DT, drug therapy  
\*malaria: PC, prevention  
plasmodium falciparum  
prophylaxis  
CONTROLLED TERM: Drug Descriptors:  
655c80  
\*antimalarial agent: DT, drug therapy

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artemisinin: DT, drug therapy  
azithromycin  
chloroquine: DT, drug therapy  
ciprofloxacin: DT, drug therapy  
clindamycin: DT, drug therapy  
cycloguanil embonate: DT, drug therapy  
dapsone: DT, drug therapy  
doxycycline: DT, drug therapy  
halofantrine: DT, drug therapy  
hydroxychloroquine: DT, drug therapy  
mefloquine: DT, drug therapy  
mepacrine: DT, drug therapy  
norfloxacin: DT, drug therapy  
    piperazine: DT, drug therapy  
    primaquine: DT, drug therapy  
proguanil: DT, drug therapy  
pyrimethamine: DT, drug therapy  
pyronaridine: DT, drug therapy  
quinine: DT, drug therapy  
quinocide: DT, drug therapy  
sulfadoxine: DT, drug therapy  
sulfalene: DT, drug therapy  
trimethoprim: DT, drug therapy  
unclassified drug  
wr 228605

CAS REGISTRY NO.: (artemisinin) 63968-64-9; (azithromycin) 83905-01-5;  
(chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7;  
(ciprofloxacin) 85721-33-1; (clindamycin) 18323-44-9;  
(cycloguanil embonate) 609-78-9, 8075-91-0; (dapsone)  
80-08-0; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0;  
(halofantrine) 36167-63-2, 66051-63-6, 66051-74-9,  
66051-76-1, 69756-53-2; (hydroxychloroquine) 118-42-3,  
525-31-5; (mefloquine) 51773-92-3, 53230-10-7; (mepacrine)  
69-05-6, 83-89-6; (norfloxacin) 70458-96-7; (piperazine)  
4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5,  
637-32-1; (pyrimethamine) 53640-38-3, 58-14-0;  
(pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(quinocide) 525-61-1; (sulfadoxine) 2447-57-6; (sulfalene)  
152-47-6; (trimethoprim) 738-70-5  
CHEMICAL NAME: 655c80; dalacin; malaquin; nivaquin; resochin; wr 228605

L142 ANSWER 32 OF 34 EMBASE COPYRIGHT (c) 2008 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER: 1994086361 EMBASE Full-text  
TITLE: Trends in the research for new antimalarial agents.  
AUTHOR: Ferreira, E.I. (correspondence)  
CORPORATE SOURCE: Faculdade de Ciencias Farmaceuticas, Universidade de Sao Paulo, Departamento de Farmacia, Caixa Postal 66.083, CEP 05389-970 Sao Paulo, Brazil.  
SOURCE: Revista de Farmacia e Bioquimica da Universidade de Sao Paulo, (1993) Vol. 29, No. 1, pp. 1-15.  
ISSN: 0370-4726 CODEN: RFBUBL  
COUNTRY: Brazil  
DOCUMENT TYPE: Journal; General Review; (Review)  
FILE SEGMENT: 037 Drug Literature Index  
004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
LANGUAGE: English  
SUMMARY LANGUAGE: English; Portuguese

ENTRY DATE: Entered STN: 18 Apr 1994

Last Updated on STN: 18 Apr 1994

ABSTRACT: Current status of malaria chemotherapy and chemoprophylaxis and a short review of the main trends in the research for new antimalarial agents. Its importance toward the control of the parasitosis is emphasized.

CONTROLLED TERM: Medical Descriptors:  
 drug development  
 drug resistance  
 drug structure  
 human  
 \*malaria: DT, drug therapy  
 \*malaria: PC, prevention  
 plasmodium falciparum  
 review

CONTROLLED TERM: Drug Descriptors:  
 amodiaquine: DT, drug therapy  
 \*antimalarial agent: DV, drug development  
 \*antimalarial agent: DT, drug therapy  
   artemisinin: DT, drug therapy  
 chloroquine: DT, drug therapy  
 chlorproguanil: DT, drug therapy  
 clindamycin: DT, drug therapy  
 deoxoartemisinin: DT, drug therapy  
 dichlorquinazine: DT, drug therapy  
 doxycycline: DT, drug therapy  
 floxacrine: DT, drug therapy  
 halofantrine: DT, drug therapy  
 mefloquine: DT, drug therapy  
 mepacrine: DT, drug therapy  
   piperazine: DT, drug therapy  
   primaquine: DT, drug therapy  
 proguanil: DT, drug therapy  
 pyrimethamine: DT, drug therapy  
 pyronaridine: DT, drug therapy  
 quinidine: DT, drug therapy  
 quinine: DT, drug therapy  
 sulfadoxine: DT, drug therapy  
 tetracycline: DT, drug therapy  
 tetrandrine: DT, drug therapy  
 unclassified drug

CAS REGISTRY NO.: (amodiaquine) 69-44-3, 86-42-0; (artemisinin) 63968-64-9;  
 (chloroquine) 132-73-0, 3545-67-3, 50-63-5, 54-05-7;  
 (chlorproguanil) 537-21-3; (clindamycin) 18323-44-9;  
 (deoxoartemisinin) 126189-95-5; (dichlorquinazine)  
 10547-40-7; (doxycycline) 10592-13-9, 17086-28-1, 564-25-0;  
 (floxacrine) 53966-34-0; (halofantrine) 36167-63-2,  
 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2;  
 (mefloquine) 51773-92-3, 53230-10-7; (mepacrine) 69-05-6,  
 83-89-6; (piperazine) 4085-31-8; (primaquine) 90-34-6;  
 (proguanil) 500-92-5, 637-32-1; (pyrimethamine) 53640-38-3,  
 58-14-0; (pyronaridine) 74847-35-1; (quinidine) 56-54-2;  
 (quinine) 130-89-2, 130-95-0, 14358-44-2, 549-48-4,  
 549-49-5, 60-93-5, 7549-43-1; (sulfadoxine) 2447-57-6;  
 (tetracycline) 23843-90-5, 60-54-8, 64-75-5; (tetrandrine)  
 518-34-3

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ACCESSION NUMBER: 1989126551 EMBASE [Full-text](#)

TITLE: Recent studies on antimalarials in China: A review of literature since 1980.  
 AUTHOR: Ding, G.-S.  
 CORPORATE SOURCE: Shanghai Institute of Materia Medica, Chinese Academy of Sciences, Shanghai 200031, China.  
 SOURCE: International Journal of Experimental and Clinical Chemotherapy, (1988) Vol. 1, No. 2, pp. 9-22.  
 ISSN: 0933-0453 CODEN: IJECED  
 COUNTRY: Germany  
 DOCUMENT TYPE: Journal  
 FILE SEGMENT: 017 Public Health, Social Medicine and Epidemiology  
 030 Clinical and Experimental Pharmacology  
 037 Drug Literature Index  
 004 Microbiology: Bacteriology, Mycology, Parasitology and Virology  
 052 Toxicology  
 LANGUAGE: English  
 SUMMARY LANGUAGE: English  
 ENTRY DATE: Entered STN: 12 Dec 1991  
 Last Updated on STN: 12 Dec 1991  
 ABSTRACT: Artemisinin, artemether, artesunate, pyronaridine and piperazine were developed against chloroquine-resistant malaria with success.  
 CONTROLLED TERM: Medical Descriptors:  
 animal model  
 \*antimalarial activity  
 cat  
 china  
 dog  
 drug development  
 \*drug resistance  
 guinea pig  
 human  
 immunopharmacology  
 intramuscular drug administration  
 intravenous drug administration  
 \*malaria: DT, drug therapy  
 \*malaria: EP, epidemiology  
 monkey  
 mouse  
 nonhuman  
 normal human  
 oral drug administration  
 plasmodium falciparum  
 protozoon  
 rabbit  
 rat  
 review  
 CONTROLLED TERM: Drug Descriptors:  
 \*2,4 diamino 6 (3,4 dichlorobenzyl nitrosamino)quinazoline:  
 DT, drug therapy  
 \*2,4 diamino 6 (3,4 dichlorobenzyl nitrosamino)quinazoline:  
 TO, drug toxicity  
 \*2,4 diamino 6 (3,4 dichlorobenzyl nitrosamino)quinazoline:  
 PK, pharmacokinetics  
 \*2,4 diamino 6 (3,4 dichlorobenzyl nitrosamino)quinazoline:  
 PD, pharmacology  
 2,4 diamino 6 [n (4 chlorobenzyl) n methylamino]quinazoline  
 \*artemether: DT, drug therapy  
 \*artemether: TO, drug toxicity

Serial#: 1058277

\*artemether: PK, pharmacokinetics  
\*artemether: PD, pharmacology  
\*artemisinin: DT, drug therapy  
\*artemisinin: TO, drug toxicity  
\*artemisinin: PK, pharmacokinetics  
\*artemisinin: PD, pharmacology  
artemisinin derivative  
\*artesunate: DT, drug therapy  
\*artesunate: TO, drug toxicity  
\*artesunate: PK, pharmacokinetics  
\*artesunate: PD, pharmacology  
bispyroquine  
changrolin  
\*chloroquine: DT, drug therapy  
\*chloroquine: TO, drug toxicity  
\*chloroquine: PK, pharmacokinetics  
\*chloroquine: PD, pharmacology  
dihydroartemisinin  
hydroxypiperaquine  
mefloquine  
mepacrine  
octanoylprimaquine  
\*piperaquine: DT, drug therapy  
\*piperaquine: TO, drug toxicity  
\*piperaquine: PK, pharmacokinetics  
\*piperaquine: PD, pharmacology  
primaquine  
propoxycarbonyldihydroartemisin  
pyrimethamine  
\*pyronaridine: DT, drug therapy  
\*pyronaridine: TO, drug toxicity  
\*pyronaridine: PK, pharmacokinetics  
\*pyronaridine: PD, pharmacology  
quinine  
radioisotope  
sulfadoxine  
tripyridine  
unclassified drug

CAS REGISTRY NO.: (2,4 diamino 6 (3,4 dichlorobenzyl)nitrosamino)quinazoline)  
22316-71-8; (2,4 diamino 6 [n (4 chlorobenzyl) n  
methylamino]quinazoline) 83654-06-2, 83654-07-3;  
(artemether) 71963-77-4; (artemisinin) 63968-64-9;  
(artesunate) 82864-68-4, 88495-63-0; (bispyroquine)  
83764-57-2; (changrolin) 72063-47-9; (chloroquine)  
132-73-0, 3545-67-3, 50-63-5, 54-05-7; (hydroxypiperaquine)  
74351-59-0; (mefloquine) 51773-92-3, 53230-10-7;  
(mepacrine) 69-05-6, 83-89-6; (piperaquine) 4085-31-8;  
(primaquine) 90-34-6; (pyrimethamine) 53640-38-3, 58-14-0;  
(pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(sulfadoxine) 2447-57-6; (tripyridine) 81849-98-1  
CHEMICAL NAME: 13228 rp; am 2159; am 2160; ci 679; m 6407; m 7204; sm 242

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ACCESSION NUMBER: 1985062709 EMBASE [Full-text](#)  
TITLE: Advances in malaria chemotherapy.  
AUTHOR: Bunnag, D.; Campbell, C.C.; Fernex, M.; et. al.  
CORPORATE SOURCE: Department of Clinical Tropical Medicine, Faculty of Tropical Medicine, Mahidol University, Bangkok, Thailand.

SOURCE: World Health Organization - Technical Report Series, (1984)  
 Vol. NO. 711.  
 ISSN: 0512-3054 CODEN: WHOTAC  
 COUNTRY: Switzerland  
 DOCUMENT TYPE: Journal  
 FILE SEGMENT: 030 Clinical and Experimental Pharmacology  
 037 Drug Literature Index  
 004 Microbiology: Bacteriology, Mycology, Parasitology  
 and Virology  
 006 Internal Medicine  
 007 Pediatrics and Pediatric Surgery  
 LANGUAGE: English  
 ENTRY DATE: Entered STN: 10 Dec 1991  
 Last Updated on STN: 10 Dec 1991

ABSTRACT: The present report provides advice on the use of drugs for the suppression and treatment of malaria taking into account the presence of drug-resistant parasites and on the best ways in which existing and new antimalarials may be used to counter the further development and spread of such resistance. The development, clinical assessment, and future deployment of the new drug, mefloquine, have received special attention. Emphasis is placed on the need for standardized techniques for testing parasite sensitivity by in vitro and in vivo methods, and on the efficient conduct and monitoring of clinical trials.

CONTROLLED TERM: Medical Descriptors:  
 clinical trial  
 \*drug dose  
 drug mechanism  
 \*drug resistance  
 \*drug therapy  
 human  
 \*malaria  
 \*pharmacokinetics  
 priority journal  
 protozoan  
 review  
 therapy

CONTROLLED TERM: Drug Descriptors:  
 \*4,6 diamino 1,2 dihydro 2,2 dimethyl 1 [3 (2,4,5  
 trichlorophenoxy)propoxy] 1,3,5 triazine  
 \*antimalarial agent  
 \*artemisinin  
 \*chloroquine  
 \*dabequine  
 \*dapsons  
 \*enpiroline phosphate  
 \*floxacrine  
 \*halofantrine  
 \*mefloquine  
 \*piperazine  
 \*primaquine  
 \*proguanil  
 \*pyrimethamine  
 \*pyronaridine  
 \*quinine  
 \*sulfadoxine  
 \*sulfalene  
 \*tafenoquine  
 unclassified drug  
 (4,6 diamino 1,2 dihydro 2,2 dimethyl 1 [3 (2,4,5

Serial#: 1058277

trichlorophenoxy)propoxyl 1,3,5 triazine) 30711-93-4,  
30737-44-1; (artemisinin) 63968-64-9; (chloroquine)  
132-73-0, 3545-67-3, 50-63-5, 54-05-7; (dabequine)  
56548-51-7; (dapsone) 80-08-0; (enpiroline phosphate)  
66364-74-7; (floxacrine) 53966-34-0; (halofantrine)  
36167-63-2, 66051-63-6, 66051-74-9, 66051-76-1, 69756-53-2;  
(mefloquine) 51773-92-3, 53230-10-7; (piperazine)  
4085-31-8; (primaquine) 90-34-6; (proguanil) 500-92-5,  
637-32-1; (pyrimethamine) 53640-38-3, 58-14-0;  
(pyronaridine) 74847-35-1; (quinine) 130-89-2, 130-95-0,  
14358-44-2, 549-48-4, 549-49-5, 60-93-5, 7549-43-1;  
(sulfadoxine) 2447-57-6; (sulfalene) 152-47-6;  
(tafenoquine) 106635-80-7, 106635-81-8  
wr 180409; wr 238605; wr 99210

CHEMICAL NAME:

Serial#: 1058277  
SEARCH HISTORY

FILE 'HCAPLUS' ENTERED AT 13:03:15 ON 24 NOV 2008

ACT ARN277HCA1AU/A

L1 ( 9)SEA ABB=ON PLU=ON ARTEMISININ?/CN  
L2 ( 2)SEA ABB=ON PLU=ON PIPERAQUINE?/CN  
L3 ( 13)SEA ABB=ON PLU=ON PRIMAQUINE?/CN  
L4 ( 21)SEA ABB=ON PLU=ON DIHYDROARTEMISININ?/CN  
L5 4 SEA ABB=ON PLU=ON L1 AND L2 AND L3 AND L4

FILE 'REGISTRY' ENTERED AT 13:28:16 ON 24 NOV 2008

E ARTEMISININ/CN  
L6 9 SEA ABB=ON PLU=ON ARTEMISININ?/CN  
E PIPERAQUINE/CN  
E PIPERAQUINE?/CN  
L7 2 SEA ABB=ON PLU=ON PIPERAQUINE?/CN  
E PRIMAQUINE/CN  
L8 13 SEA ABB=ON PLU=ON PRIMAQUINE?/CN  
E DIHYDROARTEMISININ/CN  
L9 21 SEA ABB=ON PLU=ON DIHYDROARTEMISININ?/CN  
L10 45 SEA ABB=ON PLU=ON (L6 OR L7 OR L8 OR L9)

FILE 'HCAPLUS' ENTERED AT 13:31:20 ON 24 NOV 2008

E ARTEMISININ/CT  
L11 2431 SEA ABB=ON PLU=ON ARTEMISININ  
E PIPERAQUINE/CT  
L12 127 SEA ABB=ON PLU=ON PIPERAQUINE  
E PRIMAQUINE/CT  
L13 1570 SEA ABB=ON PLU=ON PRIMAQUINE  
E DIHYDROARTEMISININ?/CT  
L14 749 SEA ABB=ON PLU=ON DIHYDROARTEMISININ  
L15 7 SEA ABB=ON PLU=ON L11 AND L12 AND L13  
D SCAN

FILE 'HCAPLUS' ENTERED AT 13:53:01 ON 24 NOV 2008

L16 1 SEA ABB=ON PLU=ON L15 AND (PRY<=2004 OR AY<=2004 OR PY<=2004)  
L17 522 SEA ABB=ON PLU=ON ARTEANNUIN OR ARTEMISININE OR QINGHAOSU OR  
QUING HAU SAU OR QUINGHAOSU  
L18 222 SEA ABB=ON PLU=ON PRIMACIN OR (PRIMAQUINE) (2A) (DIPHOSPHATE  
OR PHOSPHATE)  
L19 70 SEA ABB=ON PLU=ON DIHYDROARTEMISININE OR DIHYDROQINGHAOSU  
L20 2731 SEA ABB=ON PLU=ON L11 OR L17  
L21 1570 SEA ABB=ON PLU=ON L18 OR L13  
L22 808 SEA ABB=ON PLU=ON L14 OR L19  
L23 8 SEA ABB=ON PLU=ON L20 AND L12 AND L21  
L24 2 SEA ABB=ON PLU=ON L23 AND (PRY<=2004 OR AY<=2004 OR PY<=2004)  
L25 1 SEA ABB=ON PLU=ON L24 NOT L16  
D SCAN

FILE 'REGISTRY' ENTERED AT 14:09:48 ON 24 NOV 2008

D L6  
L26 1 SEA ABB=ON PLU=ON ARTEMISININ/CN  
D  
L27 1 SEA ABB=ON PLU=ON PIPERAQUINE/CN  
D  
L28 1 SEA ABB=ON PLU=ON PRIMAQUINE/CN

FILE 'HCAPLUS' ENTERED AT 14:29:56 ON 24 NOV 2008  
L29 1915 SEA ABB=ON PLU=ON L6

FILE 'REGISTRY' ENTERED AT 14:44:42 ON 24 NOV 2008  
L30 1 SEA ABB=ON PLU=ON DIHYDROARTEMISININ/CN

FILE 'HCAPLUS' ENTERED AT 14:48:28 ON 24 NOV 2008  
L31 479 SEA ABB=ON PLU=ON QINGHAOSU OR ARTEANNUIN OR ARTEMEF OR  
ARTEMISINE OR HUANGHUAHAOSU OR NSC 369397OR QHS OR QING HAU SU  
OR QINGHOSU  
L32 2740 SEA ABB=ON PLU=ON L20 OR L31  
L33 2 SEA ABB=ON PLU=ON PIPERAQUINOLINE  
L34 129 SEA ABB=ON PLU=ON L12 OR L33  
L35 19 SEA ABB=ON PLU=ON NEO-QUIPENYL OR NSC 27296 OR PRIMACHIN OR  
PRIMAQUIN OR SN 13272 OR WR 2975  
L36 1583 SEA ABB=ON PLU=ON L21 OR L35  
L37 818 SEA ABB=ON PLU=ON ALAXIN OR COTECXIN OR COTEXIN OR DHQHS 2  
OR DIHYDROARTEMISININ OR DIHYDROARTEMISININE OR DIHYDROQINGHAOS  
U OR DYNAMAX OR SALAXIN OR SANTECXIN  
L38 818 SEA ABB=ON PLU=ON L14 OR L37  
L39 8 SEA ABB=ON PLU=ON L32 AND L34 AND L36  
L40 0 SEA ABB=ON PLU=ON L39 NOT L23  
L41 3 SEA ABB=ON PLU=ON L38 AND L39  
D SCAN

FILE 'MEDLINE' ENTERED AT 15:19:01 ON 24 NOV 2008  
E ARTEMISININ/CT  
E E4  
E E3+ALL  
L42 2256 SEA ABB=ON PLU=ON ARTEMISININ?/CT

FILE 'MEDLINE' ENTERED AT 15:31:08 ON 24 NOV 2008  
E PIPERAQUINE/CT  
L43 113 SEA ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
E PRIMAQUINE/CT  
E E3+ALL  
L44 1252 SEA ABB=ON PLU=ON PRIMAQUINE?/CT  
E DIHYDROARTEMISININ/CT  
L45 414 SEA ABB=ON PLU=ON DIHYDROARTEMISININ OR DIHYDROARTEMISININE  
OR DIHYDROQINGHAOSU OR ALAXIN OR COTECXIN OR COTEXIN OR DHQHS  
2 OR DYNAMAX OR SALAXIN OR SANTECXIN  
L46 3 SEA ABB=ON PLU=ON L42 AND L43 AND L44  
D TRIAL L46 1-3

FILE 'BIOSIS' ENTERED AT 15:40:03 ON 24 NOV 2008  
L47 1731 SEA ABB=ON PLU=ON ARTEMISININ  
L48 1978 SEA ABB=ON PLU=ON L47 OR ARTEANNUIN OR ARTEMISININE OR  
QINGHAOSU OR QING HAU SAU OR ARTEMEF OR ARTEMISINE OR  
HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU SU OR QINGHOSU  
L49 101 SEA ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
L50 1626 SEA ABB=ON PLU=ON PRIMAQUINE OR PRIMACHIN OR (PRIMAQUINE)  
(2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL OR PRIMACHIN  
OR PRIMAQUIN  
L51 500 SEA ABB=ON PLU=ON DIHYDROARTEMISININ OR DIHYDROARTEMISININE  
OR DIHYDROQINGHAOSU OR ALAXIN OR COTECXIN OR DHQHS 2 OR  
DYNAMAX OR SALAXIN OR SANTECXIN  
L52 2 SEA ABB=ON PLU=ON L48 AND L49 AND L50  
D L52 2

FILE 'WPIX' ENTERED AT 15:58:52 ON 24 NOV 2008

L53 277 SEA ABB=ON PLU=ON ARTEMISININ OR ARTEANNUN OR ARTEMISININE  
OR QINGHAOSU OR QING HAU SAU OR ARTEMEF OR ARTEMISINE OR  
HUANGHUAHAOSU OR NSC 369397 OR QHS OR QING HAU SU OR QINGHOSU

L54 13 SEA ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE

L55 158 SEA ABB=ON PLU=ON PRIMAQUINE OR PRIMACIN OR (PRIMAQUINE)  
(2A) (DIPHOSPHATE OR PHOSPHATE) OR NEO-QUIPENYL OR PRIMACHIN  
OR PRIMAQUIN

L56 114 SEA ABB=ON PLU=ON DIHYDROARTEMISININ OR DIHYDROARTEMISININE  
OR DIHYDROQINGHAOSU OR ALAXIN OR COTECXIN OR DHQS 2 OR  
DYNAMAX OR SALAXIN OR SANTECXIN

L57 2 SEA ABB=ON PLU=ON L53 AND L54 AND L55  
D TRIAL L57 1-2  
D KWIC L57 1-2

FILE 'EMBASE' ENTERED AT 16:04:56 ON 24 NOV 2008

E ARTEMISININ/CT  
E E3+ALL

L58 2081 SEA ABB=ON PLU=ON ARTEMISININ?/CT  
E PIPERAQUINE/CT  
E E3+ALL

L59 180 SEA ABB=ON PLU=ON PIPERAQUINE?/CT  
E PRIMAQUINE/CT  
E E3+ALL

L60 2993 SEA ABB=ON PLU=ON PRIMAQUINE?/CT  
E DIHYDROARTEMISININ/CT  
E E3+ALL

L61 651 SEA ABB=ON PLU=ON DIHYDROARTEMISININ?/CT

L62 27 SEA ABB=ON PLU=ON L58 AND L59 AND L60  
D SCAN  
D TRIAL L62 1-27

L63 16 SEA ABB=ON PLU=ON L61 AND L62

FILE 'HCAPLUS' ENTERED AT 16:43:18 ON 24 NOV 2008

D SAVE  
ACT ARN277HCA1AU/A  
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L64 ( 9)SEA ABB=ON PLU=ON ARTEMISININ?/CN

L65 ( 2)SEA ABB=ON PLU=ON PIPERAQUINE?/CN

L66 ( 13)SEA ABB=ON PLU=ON PRIMAQUINE?/CN

L67 ( 21)SEA ABB=ON PLU=ON DIHYDROARTEMISININ?/CN  
-----

L68 24980 SEA ABB=ON PLU=ON LI, G?/AU

L69 11393 SEA ABB=ON PLU=ON SONG, J?/AU

L70 70 SEA ABB=ON PLU=ON L68 AND L69

L71 4 SEA ABB=ON PLU=ON L11 AND L70

FILE 'MEDLINE' ENTERED AT 16:50:05 ON 24 NOV 2008

L72 5207 SEA ABB=ON PLU=ON LI, G?/AU

L73 3225 SEA ABB=ON PLU=ON SONG, J?/AU

L74 9 SEA ABB=ON PLU=ON L72 AND L73

FILE 'BIOSIS' ENTERED AT 16:50:34 ON 24 NOV 2008

L75 5730 SEA ABB=ON PLU=ON LI, G?/AU

L76 3789 SEA ABB=ON PLU=ON SONG, J?/AU

L77 10 SEA ABB=ON PLU=ON L75 AND L76

FILE 'WPIX' ENTERED AT 16:53:19 ON 24 NOV 2008

L78 6388 SEA ABB=ON PLU=ON LI, G?/AU

Serial#: 1058277

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L79      6906 SEA ABB=ON  PLU=ON  SONG, J?/AU
L80      12 SEA ABB=ON  PLU=ON  L78 AND L79

FILE 'EMBASE' ENTERED AT 16:54:36 ON 24 NOV 2008
L81      4036 SEA ABB=ON  PLU=ON  LI, G?/AU
L82      2833 SEA ABB=ON  PLU=ON  SONG, J?/AU
L83      6 SEA ABB=ON  PLU=ON  L81 AND L82

FILE 'HCAPLUS' ENTERED AT 17:01:38 ON 24 NOV 2008
      SAVE TEMP L71 ARN277HCA1AU/A

FILE 'HCAPLUS' ENTERED AT 17:02:52 ON 24 NOV 2008
L84      7 SEA ABB=ON  PLU=ON  L15 AND L23 AND L39
      SAVE TEMP L84 ARN277HCA1A/A

FILE 'MEDLINE' ENTERED AT 17:04:03 ON 24 NOV 2008
      SAVE TEMP L74 ARN277MED1AU/A
      SAVE TEMP L46 ARN277MED1A/A

FILE 'BIOSIS' ENTERED AT 17:05:00 ON 24 NOV 2008
      SAVE TEMP L77 ARN277BIO1AU/A
      SAVE TEMP L52 ARN277BIO1A/A

FILE 'WPIX' ENTERED AT 17:05:47 ON 24 NOV 2008
      SAVE TEMP L80 ARN277WP11AU/A
      SAVE TEMP L57 ARN277WP11A/A

FILE 'EMBASE' ENTERED AT 17:06:28 ON 24 NOV 2008
      SAVE TEMP L83 ARN277EMB1AU/A
      SAVE TEMP L62 ARN277EMB1A/A
      D SAVE

FILE 'HCAPLUS' ENTERED AT 17:08:12 ON 24 NOV 2008
      D SAVE
      ACT ARN277HCA1AU/A
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L85 (    2431)SEA ABB=ON  PLU=ON  ARTEMISININ
L86 (    24980)SEA ABB=ON  PLU=ON  LI, G?/AU
L87 (    11393)SEA ABB=ON  PLU=ON  SONG, J?/AU
L88 (      70)SEA ABB=ON  PLU=ON  L86 AND L87
L89      4 SEA ABB=ON  PLU=ON  L85 AND L88
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FILE 'MEDLINE' ENTERED AT 17:09:44 ON 24 NOV 2008
      ACT ARN277MED1AU/A
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L90 (    5207)SEA ABB=ON  PLU=ON  LI, G?/AU
L91 (    3225)SEA ABB=ON  PLU=ON  SONG, J?/AU
L92      9 SEA ABB=ON  PLU=ON  L90 AND L91
      -----

FILE 'BIOSIS' ENTERED AT 17:10:06 ON 24 NOV 2008
      ACT ARN277BIO1AU/A
      -----
L93 (    5730)SEA ABB=ON  PLU=ON  LI, G?/AU
L94 (    3789)SEA ABB=ON  PLU=ON  SONG, J?/AU
L95      10 SEA ABB=ON  PLU=ON  L93 AND L94
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Serial#: 1058277

FILE 'WPIX' ENTERED AT 17:10:28 ON 24 NOV 2008  
ACT ARN277WPI1AU/A

-----  
L96 ( 6388)SEA ABB=ON PLU=ON LI, G?/AU  
L97 ( 6906)SEA ABB=ON PLU=ON SONG, J?/AU  
L98 12 SEA ABB=ON PLU=ON L96 AND L97  
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FILE 'EMBASE' ENTERED AT 17:10:36 ON 24 NOV 2008  
ACT ARN277EMB1AU/A

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L99 ( 4036)SEA ABB=ON PLU=ON LI, G?/AU  
L100( 2833)SEA FILE=EMBASE ABB=ON PLU=ON SONG, J?/AU  
L101 6 SEA ABB=ON PLU=ON L99 AND L100  
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FILE 'HCAPLUS' ENTERED AT 17:12:15 ON 24 NOV 2008  
ACT ARN277HCA1A/A

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L102( 2431)SEA FILE=HCAPLUS ABB=ON PLU=ON ARTEMISININ  
L103( 127)SEA FILE=HCAPLUS ABB=ON PLU=ON PIPERAQUINE  
L104( 1570)SEA FILE=HCAPLUS ABB=ON PLU=ON PRIMAQUINE  
L105( 7)SEA FILE=HCAPLUS ABB=ON PLU=ON L102 AND L103 AND L104  
L106( 522)SEA FILE=HCAPLUS ABB=ON PLU=ON ARTEANNUIN OR ARTEMISININE OR  
L107( 222)SEA FILE=HCAPLUS ABB=ON PLU=ON PRIMACIN OR (PRIMAQUINE) (2A) (D  
L108( 2731)SEA FILE=HCAPLUS ABB=ON PLU=ON L102 OR L106  
L109( 1570)SEA FILE=HCAPLUS ABB=ON PLU=ON L107 OR L104  
L110( 8)SEA FILE=HCAPLUS ABB=ON PLU=ON L108 AND L103 AND L109  
L111( 479)SEA FILE=HCAPLUS ABB=ON PLU=ON QINGHAOSU OR ARTEANNUIN OR ART  
L112( 2740)SEA FILE=HCAPLUS ABB=ON PLU=ON L108 OR L111  
L113( 2)SEA FILE=HCAPLUS ABB=ON PLU=ON PIPERAQUINOLINE  
L114( 129)SEA FILE=HCAPLUS ABB=ON PLU=ON L103 OR L113  
L115( 19)SEA FILE=HCAPLUS ABB=ON PLU=ON NEO-QUIPENYL OR NSC 27296 OR P  
L116( 1583)SEA FILE=HCAPLUS ABB=ON PLU=ON L109 OR L115  
L117( 8)SEA FILE=HCAPLUS ABB=ON PLU=ON L112 AND L114 AND L116  
L118 7 SEA ABB=ON PLU=ON L105 AND L110 AND L117  
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FILE 'MEDLINE' ENTERED AT 17:12:36 ON 24 NOV 2008  
ACT ARN277MED1A/A

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L119( 2256)SEA FILE=MEDLINE ABB=ON PLU=ON ARTEMISININ?/CT  
L120( 113)SEA FILE=MEDLINE ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
L121( 1252)SEA FILE=MEDLINE ABB=ON PLU=ON PRIMAQUINE?/CT  
L122 3 SEA ABB=ON PLU=ON L119 AND L120 AND L121  
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FILE 'BIOSIS' ENTERED AT 17:13:04 ON 24 NOV 2008  
ACT ARN277BIO1A/A

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L123( 1731)SEA FILE=BIOSIS ABB=ON PLU=ON ARTEMISININ  
L124( 1978)SEA FILE=BIOSIS ABB=ON PLU=ON L123 OR ARTEANNUIN OR ARTEMISIN  
L125( 101)SEA FILE=BIOSIS ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
L126( 1626)SEA FILE=BIOSIS ABB=ON PLU=ON PRIMAQUINE OR PRIMACIN OR (PRIM  
L127 2 SEA ABB=ON PLU=ON L124 AND L125 AND L126  
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FILE 'WPIX' ENTERED AT 17:13:33 ON 24 NOV 2008  
ACT ARN277WPI1A/A

Serial#: 1058277

L128( 277)SEA FILE=WPIX ABB=ON PLU=ON ARTEMISININ OR ARTEANNUIN OR ARTE  
L129( 13)SEA FILE=WPIX ABB=ON PLU=ON PIPERAQUINE OR PIPERAQUINOLINE  
L130( 158)SEA FILE=WPIX ABB=ON PLU=ON PRIMAQUINE OR PRIMACIN OR (PRIMAQ  
L131 2 SEA ABB=ON PLU=ON L128 AND L129 AND L130  
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FILE 'EMBASE' ENTERED AT 17:13:54 ON 24 NOV 2008  
ACT ARN277EMB1A/A  
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L132( 2081)SEA FILE=EMBASE ABB=ON PLU=ON ARTEMISININ?/CT  
L133( 180)SEA FILE=EMBASE ABB=ON PLU=ON PIPERAQUINE?/CT  
L134( 2993)SEA FILE=EMBASE ABB=ON PLU=ON PRIMAQUINE?/CT  
L135 27 SEA ABB=ON PLU=ON L132 AND L133 AND L134  
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FILE 'HCAPLUS, MEDLINE, BIOSIS, WPIX, EMBASE' ENTERED AT 17:16:20 ON 24  
NOV 2008

L136 31 DUP REMOVE L89 L92 L95 L98 L101 (10 DUPLICATES REMOVED)

FILE 'HCAPLUS' ENTERED AT 17:18:52 ON 24 NOV 2008

L137 6 SEA ABB=ON PLU=ON L118 NOT L89

FILE 'MEDLINE' ENTERED AT 17:19:56 ON 24 NOV 2008

L138 3 SEA ABB=ON PLU=ON L122 NOT L92

FILE 'BIOSIS' ENTERED AT 17:20:27 ON 24 NOV 2008

L139 2 SEA ABB=ON PLU=ON L127 NOT L95

FILE 'WPIX' ENTERED AT 17:20:51 ON 24 NOV 2008

L140 1 SEA ABB=ON PLU=ON L131 NOT L98

FILE 'EMBASE' ENTERED AT 17:21:11 ON 24 NOV 2008

L141 27 SEA ABB=ON PLU=ON L135 NOT L101

FILE 'HCAPLUS, MEDLINE, BIOSIS, WPIX, EMBASE' ENTERED AT 17:23:11 ON 24  
NOV 2008

L142 34 DUP REMOVE L137 L138 L139 L140 L141 (5 DUPLICATES REMOVED)